CityCare Connect Limited

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

Summary of findings

Overall summary

We inspected Connect House on 22 and 23 June 2017. The inspection was unannounced. The service is a situated in Basford, Nottingham and is operated by CityCare Connect Limited. The service is registered to provide accommodation for a maximum of 56 people. Connect House is a fast paced service with one or two admissions and discharges a day. People tend to stay at the service of a period of around 6 weeks, although some people stay longer dependent upon their need for treatment and rehabilitation.

Connect House work closely with staff employed in CityCare partnership to provide a unique and innovative service where people are enabled to access expert support from a range of specialist health professionals. The service is split into two distinct units, Heritage Suite and Garden Suite.

Heritage Suite has been open since 2014 and provides a reablement service to people who have recently been discharged from hospital to help them regain their independence. Heritage Suite is supported by a range of health professionals including physiotherapists, occupational therapists and nurses. There are also five stroke beds in Heritage Suite dedicated to the care and rehabilitation of people who have experienced a stroke. During our inspection there were 27 people staying in Heritage Suite.

Garden Suite has been open since January 2016 and provides nursing care. Together with the hospitals they are piloting a healthcare of older people project aimed at facilitating discharge of people with complex health needs from hospital. Garden Suite is staffed by nurses who are on rotation from CityCare Partnership and health care assistants and is supported a range of visiting clinicians including GP's, consultants and specialist nurse practitioners. There are three beds on Garden Suite which are dedicated for the care of people who are coming towards the end of their lives. During our inspection there were 22 people staying in Garden Suite.

At the last inspection in September 2016 we found five breaches of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, these breaches were in relation to safe care and treatment, safeguarding service users from abuse and improper treatment meeting nutritional and hydration needs, consent and governance. We asked the provider to take action to make improvements to the quality and safety of the service and we received an action plan on 5 December 2016 which stated that all actions would be complete by 31 March 2017. During this inspection we found that improvements had been made but some improvements were still required, this resulted in us finding one ongoing breach of the Health and Social Care Act 2008 Regulations (2014). You can see what action we told the provider to take at the back of the full version of the report.

The service had a registered manager in place at the time of our 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 2008 and associated Regulations about how the service is run.

The principles and application of the Mental Capacity Act were not always followed where people lacked capacity to make decisions for themselves. People were supported by staff who had not always received adequate training. Although staff felt supported they were not always provided with regular supervision. There were plans in place to make improvements in this area.

People's medicines were not always stored or managed in a safe way. Improvements had been made to ensure that risks to people's health and safety were managed appropriately and safely and further improvements were planned. There were enough staff to provide care and support to people when they needed it, however staff were not always deployed effectively to ensure the delivery of safe care and support.

The provider had made progress in developing systems and processes to monitor the quality and consistency of the service. However these were still not always effective at identifying the required improvements. There were processes in place to enable people and their relatives to provide feedback on the service. Staff felt supported in their roles and were confident to raise concerns or make suggestions about how to improve the service. The management team were responsive to feedback and swift action was taken to address some areas of concern raised during this inspection.

People told us they felt safe and they were supported by staff who knew how to recognise and report concerns about their safety. Safe recruitment practices were followed.

Improvements had been made to ensure people's nutritional and hydration needs were met. People were offered a choice of freshly prepared, food and drink and were provided with assistance when required. People's day to day health care needs were met and people had access to expert health professionals. This had a positive impact on people who used this service who were supported to be in the best possible health.

Where people had capacity they were encouraged to make decisions about their care and support, staff understood how people communicated and they were supported to maintain their independence. Staff understood the importance of treating people with kindness, dignity and respect and we observed this in practice. Staff also respected people's right to privacy.

People told us they received the support they required and although care plans did not always contain adequate detail of the support people required there were other systems in place to ensure staff had access to this information. People had the opportunity to get involved in social activities and most people told us that they had enough to do with their time. Complaints were documented, investigated and action was taken to address concerns raised.

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 still not consistently safe.

Medicines were not always stored or managed safely.

Staff had a good understanding of people's risks associated with people's care and support and how to manage them. Some improvements were required to record keeping in relation to risks and there were plans in place to address this.

There were enough staff to provide care and support to people when they needed it. However staff were not always deployed effectively to ensure the delivery of safe care and support. Safe recruitment practices were followed.

There were systems and processes in place to minimise the risk of abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights under the Mental Capacity Act (2005) were not always respected.

People were supported by staff who had not always received adequate training. Staff felt supported but were not always provided with regular supervision. There were plans in place to make improvements in this area.

People were offered a choice of freshly prepared food and drink, and were supported to maintain adequate hydration and nutrition.

People's day to day health needs were met and people had access to a range of specialist health care professionals.

Is the service caring?

Good

The service was caring.

People received compassionate care from staff who knew them

and cared about their wellbeing. People were treated with dignity and had their right to privacy respected.

People were involved making choices relating to their care and were supported to maintain their independence. People had access to advocacy services if they required this.

People were supported to have a comfortable, dignified and pain free death.

Is the service responsive?

Good

The service was responsive.

People received care and support which met their needs and respected their preferences. Improvements were needed to ensure that staff had access to accurate information about people who used the service and action was planned to address this.

People were provided with opportunities for social activity. People's diverse needs were recognised and accommodated.

People were supported to provide feedback and raise issues and staff knew how to deal with concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems in place to monitor and improve the quality and safety of the service were in place but needed some further development.

People who used the service were offered some opportunities to provide feedback on the service and this was used to drive improvement.

Staff felt supported and were involved in giving their views on how the service was run.

The management team were responsive to feedback and swift action was taken to address areas of concern raised during this inspection.

Connect 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.

We inspected the service on 22 and 23 June 2017. The inspection was unannounced. The inspection team consisted of two inspectors, a member of the CQC medicines team and two experts 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.

Prior to our inspection we reviewed information we held about the service. This included information received from local health and social care organisations and statutory notifications. A notification is information about important events which the provider is required to send us by law such as such as allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection.

During our inspection visit we spoke with 17 people who used the service and nine relatives. We spoke with eight members of care staff, a nurse, the team leader, and a member of the catering team. We also spoke with the activity coordinator, the unit lead for Heritage Suite, the deputy lead nurse for Garden Suite and the registered manager and nominated individual. The nominated individual is a person who is nominated by the provider to represent the organisation.

To help us assess how people's care needs were being met we reviewed nine people's care records and other information, for example their risk assessments. We also looked at the medicines records of 19 people, three staff recruitment files, training records and a range of records relating to the running of the service for example audits and complaints.

We carried out general observations of care and support also looked at the interactions between staff and people. In addition to this 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.

Requires Improvement

Is the service safe?

Our findings

During our last inspection in September 2016 we found that medicines were not managed or stored safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that some improvements had been made but further improvements were still required.

At this inspection people who used the service told us that they felt that their medicines were well managed. One person told us, "They come around with the dosage I require, they look after all of that." The relative of another person commented, "[Relation] has their medicine four times a day. I am here every day and it is on time." Despite this positive feedback we found some areas of concern in relation to medicines management. Medicines were not always managed safely to ensure they were at their most effective. For example, we found that on Heritage Suite the temperature of storage was not consistently monitored to ensure medicines were stored within the manufacturer's recommendations. This meant there was a risk that variations in temperature may not be detected which could have had an impact on the efficiency of medicines. Medicines were not always dated to show when they had been opened and we found a medicine was still in use beyond its expiry date. This meant that medicines may be used for longer than the expiry date and may no longer be effective or safe.

People could not always be assured they would be given their medicines as prescribed. We found that some medicines records had not always been fully completed. This meant it was hard to ascertain if people had been given their medicines as intended. When people were prescribed medicines to be taken as and when they required them there were not always written protocols in place which meant that staff did not always have clear information about what these medicines had been prescribed for or when they should be taken. The above issues had been identified in a recent medicines audit and action was planned to address these concerns. In addition, when people were prescribed creams for topical application there were not clear details of how, where and why these creams should be applied and staff did not consistently record the application of these creams. This meant we could not be assured that people's creams were applied as required and there was a risk of people developing sore skin.

The service had access to a pharmacist for two days a week via Citycare. The pharmacist provided support with training, completed audits and was working on improving systems to ensure medicines were not out of stock when needed. We did not see any occasion where people missed their medicines due to them not being available. Medicines were stored securely and controlled drugs which require separate storage arrangements due to their potential for misuse were stored securely and records were kept in line with regulations.

During our last inspection in September 2016 we found that risks associated with people's care and support were not managed effectively to ensure people's safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made in this area.

At this inspection people and their relatives told us that they felt risks associated with their care and support were managed safely. One person's relative told us, "[Relation] has safety things, alarms, in their room now as a precaution and they put [relation] in a big chair. The bed is really low so [relation] would hardly do much damage and if I leave I have to go and tell them (staff) I'm leaving so that they know they are on their own." The relative of another person told us, "They don't scrimp, take any risks. They (staff) always wait until there is two of them, rather than struggle." Care plans in Garden Suite contained up to date information about people's identified risks and how to manage them. For example, where people were at risk of getting pressure ulcers this was clearly documented and the actions staff were required to take to mitigate the risks were recorded. Where people's risks had changed we found staff had been made aware of the changes and the records had been updated.

Practice in Heritage Suite was more variable and we found a number of instances where care plans lacked clear detail of risks associated with people's care and support. For example one person's care plan stated that they were at risk of choking; however there was no choking risk assessment which meant that the level of the risk was unclear. Although we observed that this person was served a pureed diet to reduce the risk of choking, their care plan contained limited information about other measures in place to prevent the risk of choking. Nor did it contain guidance for staff about how to respond should the person choke. We discussed this with the management team and following our inspection visit they provided a plan stating that action would be taken to review and improve risk assessment and recording in Heritage Suite.

Despite the above all staff we spoke with had a good understanding of people's risks and how to manage them. Staff told us about how handover meetings and a handover sheet were used to ensure that all staff had a good overview of people's needs and any risks associated with their care and support. We observed that specific aids or equipment required to reduce risks, such as bed rails, movement sensors and pressure relief equipment were in place where required.

People also told us that staff followed safe practices when supporting people to mobilise. The relative of one person told us. "They had to move [friend] and they did do it carefully. They put [friend] into the hoist, they speak to [friend] all the time to reassure them". People's care plans contained clear information about how to safely support people to mobilise including what equipment to use and we saw staff followed this guidance throughout our inspection. For example we observed two members of staff assist a person to move using a hoist, the staff were knowledgeable about how to do this safely and provided support and reassurances to the person throughout putting them at ease.

Accidents and incidents were documented, appropriate action was taken and the management team regularly analysed and investigated the information to reduce the risk of repeat events. For example, one person had recently choked on some food. An investigation had been completed and whilst no concerns were found with the practice of staff, action was still taken to reduce the risk of recurrence. This meant that people could be assured that action would be taken in response to accidents and incidents.

People were protected from risks associated with the environment. We saw there were systems to assess risks such as fire and legionella and control measures were in place to reduce these risks. Each person had a personal emergency evacuation plan detailing they would need to be supported in the event of an emergency. Regular safety checks also were conducted on other aspects of the environment such as call bells and moving and handling equipment.

We received mixed feedback about staffing levels across the service. People staying in Garden Suite told us that staff were attentive and responded quickly to their needs. The friend of one person told us, "They are quick to attend to [friend]. I set the alarm off in their bedroom once by accident and within seconds they

(staff) were there to find out if [friend] had got out of bed." The feedback from people staying in Heritage Suite was more variable. On the whole people felt there were enough staff to keep them safe, one person told us, "There's a lot of staff here." Staff also had mixed views, whilst some staff told us that there were normally sufficient numbers of staff on shift other members of staff told us that there had been times when staffing levels had dropped below normal levels. We reviewed rotas which showed that there had been times in the months prior to our inspection visit where staffing levels had dropped below the levels specified by the provider. We discussed this with the management team who informed us that although not recorded the management team pulled together at these times to provide additional practical support to staff. The registered manager also told us that they had identified staffing as an area for improvement and had taken action to source new temporary and permanent staff. This meant that people could be assured that they would be supported by sufficient numbers of staff to meet their needs and ensure their safety.

Staff were not always deployed effectively to ensure people's needs were met. Records showed that temporary agency staff were used regularly and the registered manager explained that they tried to use the same agency staff to ensure continuity of care. However during our inspection visit we observed that a person, who frequently behaved in a way that could be challenging for staff, was assisted by two temporary agency staff. We spoke with both members of staff who confirmed that they had not assisted the person before and had limited knowledge and information about how best to support the person. Although we observed that these staff did not put the person at risk, this did not assure us that staff were deployed effectively and posed a risk that people may not receive safe or effective support. We discussed this with the management team who informed us, following our visit, that systems would be put in place to ensure that people with complex care needs would always be supported by a familiar member of staff.

People could be assured that safe recruitment practices were followed. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained prior to employment and were retained by the provider. This meant that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

People and their relatives told us they felt that they or their relations were safe at Connect House. One person told us, "I feel safe, the care assistants are very observant," another person said, "The carers are brilliant, they make me feel safe." The relative of one person commented, "They (staff) treat them (people who use the service) with respect. They just smile and talk to them gently, they never shout or anything." One person raised concerns about an incident which occurred on the second day of our inspection which made them feel unsafe. We discussed this with the unit lead who told us that action had already been taken to ensure the person's safety and reduce the risk of it happening again. There were systems and processes in place to minimise the risk of abuse and staff had received training in protecting people from abuse and avoidable harm. Staff we spoke with understood how to recognise and report allegations of abuse and knew how to escalate concerns to external agencies if needed. Staff were confident that any concerns about people's safety were dealt with appropriately by the management team. Records showed that the registered manager had taken action to escalate safeguarding concerns to the local authority when required. For example, the staff team had identified that one person was at risk of financial abuse, action had been taken to put a plan in place to safeguard the person and a referral had been made to the local authority safeguarding adults team. This meant there were systems and processes in place to safeguard people from harm and abuse.

Requires Improvement

Is the service effective?

Our findings

During our previous inspection we found that people's rights under the MCA were not always protected, this was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that some improvements had been made but further improvements were still required to ensure compliance with the regulations.

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA. People's rights under the MCA were still not always protected as the principles of the Act were not always correctly applied. Whilst most care plans contained assessments of people's capacity where required , mental capacity assessments and best interest decisions were not always in place. For example, records showed that one person who used the service was frequently resistive to personal care. During our inspection visit this person was being assisted by two members of staff and repeatedly told them "leave me alone" and "stop", despite this staff continued to assist the person with their care. There had been no assessment of the person's capacity to make decisions in this area and we spoke with the staff members who did not know if the person had capacity to decline care. This meant people's rights were not always promoted as the provider was not always acting in accordance with the MCA. We discussed this with the registered manager and following our inspection we were provided with evidence that an assessment of the person's capacity had been conducted and new guidance had been implemented for staff.

Where people had advance decisions in place to refuse care and treatment there was not always clear evidence about how these decisions had been reached when people lacked capacity to make the decision themselves. For example, one person had an 'escalation plan' in place to refuse admission to hospital should their health deteriorate, the form was marked to state the person did not have capacity in this area. Despite this there was no formal assessment of the person's capacity and records of how this decision was reached were limited to basic notes made by the medical team. We discussed this with the deputy lead nurse who told us that they had confidence that the medical team would have made the decision in the person's best interests but there was no evidence to support this. This meant we could not be assured that the decision was in the best interests of the person and did not protect their rights under the MCA.

This was an ongoing breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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). 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. The registered manager had made applications for DoLS as required, these were awaiting

authorisation from the local authority.

Where people had capacity they were supported to make decisions on a day to day basis and this was reflected in the feedback we had from people who used the service. We observed staff enabling people to make informed choices and gaining their consent, for example staff offered people clothes protectors at meal times and respected people's choices.

During our previous inspection we found that people did not receive effective support to maintain adequate nutrition and hydration. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made in this area and there was no longer a breach of regulation.

Since our previous inspection a significant amount of work had gone into ensuring that people had enough to eat and drink, were safely supported and had a pleasant and dignified dining experience. Systems had been implemented to ensure that both catering and care staff had accurate, up to date information about people's dietary needs, staff had been provided with training in modified diets and fluids and a new nutrition audit had also been implemented in order to ensure ongoing good practice.

People who used the service and their relatives were positive about the food served at Connect House and told us they were offered a choice and had enough to eat and drink. One person told us, "The food is good, I get enough and I don't usually leave any." Another person said, "You get a choice of two (meals), you can have something else if you like. The food is very good, I can't grumble at all." During our inspection visit we observed two meal times and saw that people appeared to enjoy their food and were offered kind and discreet assistance and encouragement as needed. People were offered a choice of food and staff took time to explain the options. Food, snacks and drinks were made available to people throughout the day and staff were mindful to ensure this was left within reach. When people required specialist diets these were provided and care plans contained clear information about dietary needs. In addition people were provided with adapted crockery to enable their independence. This showed us that people had enough to eat and drink and were provided with choices and assistance as needed.

People's diverse needs were identified and catered for. For example one person who used the service had specific cultural requirements relating how their food was supplied and prepared. The person's relative had worked with the catering team to advise on food preparation and we saw that specific food items had been purchased to meet their needs.

Where people had risks associated with eating and drinking there was guidance in their care plans and staff had a good knowledge of how to support people safely. Care plans contained information about the support people required with nutrition and people's weight was assessed regularly. We saw that where changes or concerns were identified action was taken. For example one person's appetite had decreased resulting in weight loss. This had been identified by the staff team and they were monitoring the person's weight, food and fluid intake and had contacted external health professionals for which had resulted in nutritional supplements being prescribed. This meant that people's needs in relation to nutrition and hydration were met.

People who used the service told us that they felt that staff were competent and skilled. One person told us, "They (staff) seem to know what they are doing." Another person said, "I think the staff are pretty good, I haven't seen any errors." This was also reflected in the comments made to us by the relatives of people staying at Connect House. New staff were provided with an induction period when starting work at the service and recently recruited staff we spoke with told us they felt competent following this. The registered

manager told us that staff induction comprised of a four day induction delivered through Nottingham CityCare covering all elements of the theory underpinning the Care Certificate. The Care Certificate is a nationally recognised set of standards for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. This was followed by a two day in-house local induction.

Staff we spoke with told us that, on the whole, they had sufficient training to enable them to provide safe and effective care and support. However records showed that there were a significant number of staff who did not have up to date training in key areas. For example only 11% staff had training in the MCA and DoLS, 33% of staff had up to date training in moving and handling and only 67% staff had training in safeguarding. This meant there was a risk that people may not be supported by sufficiently skilled and competent staff. The provider had identified the above gaps in training and had a plan in place to ensure staff had access to this training. We also received some feedback from staff that they did not always have training in relation to the specific needs of people who used the service in a timely manner. We discussed this with the registered manager who acknowledged that there had been a recent situation which had led to staff not being provided with appropriate training when needed. They assured us that staff now had training in this area and all possible steps would be taken to avoid this happening again. Records showed all staff had training in other areas such as equality and diversity, mental health and basic life support.

Temporary agency staff told us that they received training from the agency and were given an induction to Connect House when they first started. The registered manager told us that they were provided with information about the training these staff received from the agency and if they identified any further training needs they would raise this with the agency. Agency staff told us that they were provided with sufficient information to enable them to do their job effectively. One member of agency staff told us, "This is one of the best places I have worked in terms of the information you get about the people here."

Although staff told us that they felt supported and could go to the manager for support, not all staff had received regular supervision or appraisal of their work. This meant that staff were not given regular formal opportunities to access support and opportunities for staff to reflect on their practice and share any concerns may be missed, this was a particular issue for staff in Garden Suite where records showed that some staff had never had a supervision meeting despite having worked at the service for over a year. The registered manager was aware of the gaps in staff supervision and told us the recently recruited team leader had plans in place for improvements.

People told us that they received effective support in relation to their health. One person told us, "The doctor comes on Monday and Thursdays, I saw her two weeks ago." Another person commented, "I had a turn here and the paramedics came." A relative told us, "[Relation] is having physiotherapists, a stroke team and an occupational therapist" and the relative of another person told us, "The physiotherapy input is good."

People received effective support with health conditions and had access to a range of specialist health professionals. In Heritage Suite people were provided with access to health and therapy services from professionals such as physiotherapists, occupational therapists and nurses, to aid their rehabilitation and recovery to enable them to return home. In addition to this support for people who had experienced a stroke was provided by the CityCare specialist stroke team. In Garden Suite people were supported by a team of specialist health professionals from CityCare and Nottingham University Hospitals, this included consultants and advanced nurse practitoners. The access to specialist health care services provided at Connect House had had a positive impact on people who used the service. For example one person had been discharged from hospital to Connect House for end of life care, they were not eating or drinking and

were confused and agitated leading to frequent falls. The team at Connect House quickly identified a health concern that had not previously been picked up. Once treated for the condition the person settled, began eating, drinking and socialising. The swift action taken by the team at Connect House resulted in the person being able to return to the community.

Guidance from professionals was incorporated into people's care plans which included clear instruction for care staff about how to support people in their rehabilitation. Care staff we spoke with were clear about their role in acting upon the advice of healthcare professionals. One member of staff we spoke with explained how they supported people to do the exercises that had been recommended by physio therapists to aid people's recovery. Staff worked with other healthcare services to monitor people's physical and mental health and sought advice from specialist professionals when their health needs changed. This had a positive impact on people who used the service. For example the team had identified a deterioration of a person's health condition. A plan was implemented to increase the person's fluid intake and this had resulted in a significant improvement in their physical health. Where people had specific health conditions the majority of care plans included information about this and guidance for staff on how to recognise that a person's health condition may be worsening.

Good

Is the service caring?

Our findings

People told us staff treated them well with kindness and respect. One person said, "I can't fault staff, they will do anything for you." Another person said, "They are very (caring), they know what is important." This was also reflected in the comments made by people's relatives who were exceptionally complimentary about the staff team. The relative of one person told us, "Of the various places [relation] has been in I would say this is one of the best. I see how they get the best out of them, somehow here they have a way of communicating with [relation] and they seem so much better here. Whatever the formula is, it works." Another relative said, "They are brilliant. Before [relation] came here they were really down, depressed, not looking after themselves. [Relation] came here and within a few days they were smiling again." We observed that staff treated people with affection and warmth. We observed many examples of staff using physical contact and humour to put people at ease and make them feel valued.

Staff showed care and concern for people's wellbeing. Throughout our inspection visit we observed that staff were attentive and anticipated people's needs. For example we observed a member of staff notice that someone looked cold and they quickly went to fetch them a blanket. Another person had fallen asleep in their chair, a member of staff noticed and gently repositioned the person's head and removed their glasses explaining their actions throughout even though the person appeared to remain asleep. We also observed that staff responded compassionately to reduce people's anxiety and distress. For example, one person appeared distressed and confused. A member of staff responded to this by offering support and reassurance and this had an obvious positive impact on the person's wellbeing.

Staff had an understanding of how people communicated and used this information to involve people in day to day decisions about their care and support. For example one member of staff described how they supported a person with very limited verbal communication to be involved in their care. They told us, "It helps if you talk slowly and use objects of reference, photos and pictures." We saw that another person had a pictures and symbols book to help aid their communication. Care plans contained information about how people communicated and personal information including a one page description detailing their history, important relationships and individual preferences. We saw evidence that, where possible, the person and their family had been involved in planning their care and support. This meant people were supported by staff who understood how they communicated and involved them in decisions relating to their care and support. The registered manager told us that people had access to an advocate if they wished to use one and there was information about advocacy displayed in the service. Advocates are trained professionals who support, enable and empower people to speak up. The registered manager told us that no one was using an advocate at the time of our inspection but explained they would make a referral for advocacy should they need to.

Staff acted to ensure people's dignity was promoted and upheld. For example we observed that a person had dropped food down their clothes, a member of staff noticed this and discreetly wiped it away. Another person was being assisted to move using a hoist and staff were mindful to ensure the person's legs were covered by their clothing. People who used the service commented on how the approach of staff made them feel, one person told us, "When I have a bath they do everything, I am not embarrassed at all." The

team leader told us that further dignity and respect training was also planned. People and their relatives told us that staff respected their right to privacy. One person told us, "They knock on my door and ask to come in." Another person confirmed, "They always knock before they come in." People's relatives also told us that their loved ones could choose to spend time in private should they wish to. Staff were able to describe the measures they would take to ensure people's privacy and we observed that staff treated people in a respectful manner. There were no restrictions on when people's friends and relatives could visit them. This meant people were treated with dignity and respect and had their right to privacy upheld.

People were supported to be as independent as possible. People and their relatives told us that staff promoted and encouraged their independence. One person told us, "They help me to help myself." Another person's relative told us, "They've (staff) brought [relation] on. [Relation]'s better than when they came in. They respond more, staff can get them to smile, to respond." There was information in people's care plans about what people were able to do for themselves and areas in which they needed prompting or assistance and staff told us that they encouraged and supported people to maximise their abilities and promote their independence.

In Heritage Suite there was a strong emphasis on building and maintaining people's independence to enable them to return to the community. This was led by a specialist 'reablement' team and supported by the Connect House staff team. This had a positive impact on people who used the service. For example one person was admitted to Connect House following a stroke, they required assistance from staff in many areas of their life and had lost their confidence. The staff successfully supported the person's physical and emotional recovery and this had resulted in them regaining their physical strength and gaining the confidence to offer support to other people who used the service. In Garden suite people with complex health and care needs were supported by a team of specialist health professionals with an overall aim of improving their health and independence. For example, the deputy lead nurse shared the story of someone who upon admission to Connect House was unable to make any decisions relating to their support and was dependent upon staff for all of their care needs. With the support of the team the person regained decision making capacity, was able to walk and attend to their own care needs and this consequently enabled them to move into long term care in the community. This meant that people were supported by staff who promoted and encouraged their independence.

During our last inspection in September 2016 we found that end of life care was not provided in a dignified manner. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that significant improvements had been made in this area and there was no longer a breach of the regulations.

People were treated with care and compassion when they were nearing the end of their life. A personalised approach was taken to this, taking into account the person's physical health and their preferences. Where appropriate staff had supported people to think about their wishes for end of life care and this was compassionately recorded in people's support plans. We spoke with the relatives of a person who had recently passed away at Connect House and they commented on how well the staff had dealt with the death of their family member. They told us, "(The care) could not have been better, we can't imagine what would have been more suitable, the nursing care has been excellent , they really pulled the stops out, got us all the equipment we needed." Another person who had come to Connect House for end of life care had struggled to come to terms with their diagnosis and was reluctant to make any plans. The staff team worked with the person and their family to build up trust and discuss their preferences. When the time came the team provided practical and emotional support to the person and their family to ensure their wishes were met, such as enabling family to stay at the service and ensuring appropriate pain relief. This meant that people were supported to have a comfortable, dignified and pain free death.

Good

Is the service responsive?

Our findings

During our inspection in September 2016 we found that there was a risk that people may not receive care and support that met their needs as staff did not have access to personalised, up to date information to inform their support. During this inspection we found that improvements had been made in this area and further improvements were planned.

People and their relatives told us that care staff understood their or their relations needs and usually responded in timely way. One person told us, "From my point of view I get all the care I need." Another person said, "I don't need much, but I get what I need, They (staff) are very nice." Our conversations with and observations of staff demonstrated that they had a good knowledge of people's support needs and preferences and used this to inform support.

Since our last inspection the management team had developed additional ways of sharing information about people's support needs with staff. Daily handover sheets had been created in order to ensure that all staff had an overview of people who were using the service. They were updated daily with any changes in people's needs and any new admissions. All staff we spoke with commented on the value of these documents and we saw that staff used and referred to these throughout our inspection visit.

Each person had a care plan which gave staff an oversight of their individual needs and preferences. Care plans contained information about the person's level of independence and details of areas where support from staff was required as well as information about people's communication and support needs. In Garden Suite we found that care plans clearly reflected people's needs and were up to date. In Heritage Suite we found that the quality of support plans was more variable, some care plans lacked detail and key information was missing from some. For example records showed that one person required support with personal care; however we found that the person's 'washing and dressing' care plan was blank which meant there was no information for staff about how to assist the person. We also found that care plans in Heritage Suite had not always been updated to reflect people's current needs. For example records showed that one person often had very disturbed sleep and could behave in a way that may disturb others at night, this was not reflected in the person's care plan which stated that the person usually slept well. This lack of accurate information put people at risk of receiving inconsistent support that did not meet their needs. We shared this feedback with the management team who told us that they were aware that care plans in Heritage Suite required further work. Following our inspection the registered manager shared plans to improve the care plans in Heritage Suite.

People's diverse needs were recognised and accommodated. We saw evidence that time had been taken to learn about and cater for people's individual needs. For example accommodations had been made for a person's whose first language was not English. A member of staff had been identified who spoke the same language as the person and supported the person to communicate, at other times staff worked with the person's relatives so the person was involved in decisions relating to their care. Care plans also included information about how to respect people's diverse needs such as which gender of staff people preferred, staff we spoke with had a knowledge of this and told us they respected people's wishes. One member of

staff told us, "[Person] does not have male carers due to their religion and we make sure this happens." This meant that people could be assured that their diverse needs would be considered in the planning and delivery of their support.

People told us they could spend their time how they wished and were provided with opportunities for social activity. One person told us, "I don't think they could improve on what they are doing. We are playing bowls this morning." Another person said, "They (staff) ask me to do some activities. I (choose to) stay in my room. I'm happy there is enough to do." One person's relative commented, "[Relation] enjoys the activities here almost every day. They ask [relation] to take part." The service employed a dedicated activity coordinator in Heritage Suite and were recruiting to a post in Garden Suite. The activity coordinator told us that they met with people upon admission to Connect House to discuss their social and recreational preferences and this information was then used to inform the activities programme. For example, a number of people staying at the service had a keen interest in knitting and consequently they had supported a group of people to knit squares for the local premature baby unit. During our inspection visit we observed people were provided with opportunities for meaningful activity and occupation in both Garden and Heritage Suites. This included activities such as a quiz and an exercise group, staff supported people and encouraged their participation. The activity coordinator also spent time with people who chose to stay in their bedrooms. They told us they visited these people and chatted with them as well as supporting them to pursue their interests and undertaken exercises recommended by the specialist health professionals. There were newspapers and magazines available to people and the staff team also ensured that music and films were appropriate to people's interests. In addition to organised activities we observed that the staff team spent time sitting and chatting with people when the opportunity arose.

There were a number of ways for people and their families to provide feedback on the service provided at Connect House. A comments and suggestions box was available in the service along with cards advertising ways to share feedback online. We saw there was a 'You said, we did' notice board which detailed areas of feedback and action taken in response. For example, people had said that there was sometimes no one on the reception desk which caused delay, the management team had responded to this by extending the reception hours.

People could be assured that any concerns they raised would be listened to and acted on. People we spoke with told us they did not currently have any concerns but would feel comfortable telling the staff if they did. One person told us, "They are always asking you if you have any problems." Another person said, "If I had (a complaint) I am sure they (staff) would listen.

There was a complaints procedure on display in the service and people were provided with a guide to making complaints or raising concerns when they were admitted. Despite this a number of people told us they were not aware of the complaints procedure, they did however add that they would feel comfortable approaching a member of staff or the management team with any concerns. There were systems in place to ensure that complaints were responded to in a timely manner. Records showed that complaints had been documented, investigated and responded to appropriately. For example, a family member had raised concerns with Connect House about the conduct of a specialist health professional. The registered manager had taken action to share the information with the organisation that employed the staff member and had communicated this to the complainant. Staff we spoke with were aware of their role in recording any concerns received and communicating these to the management team. This meant the provider had a system to ensure complaints were appropriately managed.

Requires Improvement

Is the service well-led?

Our findings

In our September 2016 inspection we found that systems in place to ensure the quality and safety of the service were not fully effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection the provider submitted an action plan stating how they planned to make improvements across the service. At this inspection we found that many improvements had been made and some further work was needed to ensure compliance with the legal requirements.

Systems in place to monitor and improve the quality of the service were still not fully effective. Although there were audit systems in place, these had not consistently been effective in identifying or addressing the issues we found during our inspection visit. For example, regular medicines audits had not picked up concerns relating to some aspects of medicines management found during our inspection, such as poor recording of topical creams and ointments. In addition to this where issues had been identified, such as gaps in the recording of fridge temperatures action had not been taken to ensure this was effectively addressed and consequently we found this to be a continued issue. This resulted in people being placed at risk as there were insufficient systems in place to ensure the safe management of medicines.

Although there was a system in place to monitor and audit the quality of care plans this was not always effective. This was a particular issue in Heritage Suite where we found that care plans were of variable quality. Regular care plan audits had been completed however they did not consistently identify areas for improvement or ensure issues were addressed. For example one person's care plan contained no information about how to provide support with personal care, despite records showing that they required support in this area. This had been identified in the care plan audit but action had not been taken to address this. The lack of effective systems to check on the quality and consistency of care plans meant there was a risk that people's care was not being delivered safely and in line with the regulations.

We recommend the provider considers ways to improve their quality assurance systems to support the drive for continuous improvement.

During this inspection we found that the registered manager had not always notified us of events that they are required to by law such as allegations of abuse and serious injuries. There had been a failure to notify us of a significant number of safeguarding referrals which had been made. A failure to notify us of incidents has an impact on our ability to monitor the safety and quality of the service. We discussed this with the registered manager during inspection who informed us that they had misunderstood their duties to notify CQC and advised that action would be taken to address this.

In areas other than the above there had been improvements in systems and processes to monitor and improve the quality of the service. Records showed that these systems were on the whole effective in identify areas for improvement and bringing about change. The management team conducted a range of audits and checks across the service such as the environment, nutrition, pressure area care and infection control. Where issues had been identified in the audits, actions were recorded as having been taken and this was

supported by our findings. For example, a recent nutrition audit had identified that the quality of food offered to people on a diabetic diet was not always of a good standard. Action was recorded as having been taken improve the quality of food for people with diabetes and during our inspection we found that the catering team had made improvements.

There were systems in place to ensure the safe running of the service. For example the management team conducted a daily walk around to check on the quality and safety of the service. People's bedrooms were checked at every shift handover to ensure that equipment was in place and being used as intended and all accident and incident records were reviewed by a member of the management to make sure that these had been completed appropriately, they checked action had been taken and identified if there was a need for further investigation. There were systems in place to analyse and learn from serious incidents. We reviewed records and found this was a thorough and robust process. For example we reviewed a root cause analysis which was conducted when a person had sustained a pressure ulcer. This explored possible causes of the incident, the person and the family were involved in this and number of areas for improvement were identified such as training for staff and changes to recording. During our inspection visit we found that improvements such as enhanced recording had been implemented. This meant that people could be assured that improvements would be made to the service to reduce the risk of similar adverse events happening again.

There were processes to ensure that staff had access to up to date information about people who used the service. Despite the gaps we identified in care plans there were other systems in place to provide information to staff including handover sheets and daily handover meetings. We observed that both handovers meetings and sheets were effective in ensuring that staff had the most up to date information about people who used the service and staff confirmed this to be the case. In addition to this there was a daily 'board round' where Connect House staff and external health professionals from CityCare and Nottingham University Hospitals discussed people's support and health needs. We found that shifts were well organised to ensure that staff had a clear understanding of their duties and staff were allocated specific areas of work.

People and their relatives were invited to provide feedback on the service they received. The management team ran a weekly 'manager's surgery' where people who used the service and their relatives were invited to discuss any issues and feedback with members of the Connect House management team. In addition to this people were offered the opportunity to share their experience of the service in a 'discharge survey'. We saw records of the last satisfaction survey which was carried out in May 2017 and the scores were positive in relation to the care and support people received. People were 100 percent satisfied in some areas of support such as being treated with dignity and respect, activities and the cleanliness of the environment. The outcome of the discharge survey was discussed in regular quality and safety meetings and we saw evidence that action had been taken to address areas in which people had responded in a less favourable manner. For example, a significant number of people had identified that they did not feel involved in the care planning process, we spoke with the deputy lead nurse who told us that they now met with people and their families to go through their care plans to ensure their involvement. Occasional themed meetings were also held for people who used the service. We reviewed records of a recent meeting held to discuss food and the dining experience, this was well attended and people contributed ideas and suggestions for meals. This information had been shared with the catering team and was being used to develop a new menu. This meant the provider had systems in place to collate feedback from people and was using these to drive improvements.

There were systems in place to share information with staff, communicate change and celebrate good practice. Staff were given an opportunity to have a say about the service in regular staff meetings and we

also saw staff suggestion boxes in staff areas. Records of staff meetings showed that these were used to provide feedback to the team, share information and to address issues within the service. The majority of staff felt able to make suggestions about the service. A weekly message was also produced which shared updates and reminded staff about key issues and areas for action. The management team had also implemented initiatives to recognise and reward staff who made a positive contribution to the service. For example there was a 'staff sparkle' board which celebrated instances where staff had gone the extra mile and positive outcomes of surveys were displayed throughout service to celebrate success. Staff told us they felt supported and would feel comfortable in reporting any issues or concerns to the management team.

There was a registered manager in post at the time of our inspection and they were supported by a skilled management team who had oversight of the day to day running of the service. Staff were positive about the leadership of the service. One member of staff told us, "The managers are really nice, they help with all types of problems, even personal ones." Another member of staff commented that the service had improved, "One hundred percent over recent months." Very few people who used the service or their family members were aware of who the service was managed by but commented on positively on the quality of the service. One person said, "From what I have said you can see I think it is a good service."

The management team explained that they kept up to date with best practice in a number of ways including updates from CityCare and subscription to updates from national good practice organisations. There were systems in place to enable effective information sharing within the management team at Connect House. The management team coordinated a weekly 'management huddle' to share information and address any issues with heads of department and we saw records of regular quality and safety meetings which were attended by the management team and CityCare directors. Throughout our inspection the management team at Connect House were receptive to feedback and worked swiftly to address any areas of concern. Following our visit the registered manager took action to develop an action plan based upon the feedback we shared.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.

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 11 HSCA RA Regulations 2014 Need for consent People's rights under the MCA were not always protected as the principles of the Mental Capacity Act (2005) were not consistently adhered to. Regulation 11 (1) (3)