

Medina Connect Ltd

# Connect House

## Inspection report

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Date of inspection visit:  
11 September 2018  
12 September 2018  
13 September 2018

Date of publication:  
19 October 2018

### 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 conducted an unannounced inspection at Connect House on 11, 12 and 13 September 2018. Connect House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Connect House is situated in Basford, Nottingham and is operated by Medina Connect Limited. Connect House work closely with staff employed by CityCare partnership and Nottingham University Hospitals, to provide a service where people are enabled to access expert support from a range of specialist health professionals. It is a fast-paced service with multiple admissions and discharges each week. The service accommodates 56 people across two distinct units, Heritage and Garden.

Heritage Unit is comprised of 23 short-term beds providing a reablement service, to people who have recently been discharged from hospital, to help them regain their independence. A range of health professionals including physiotherapists, occupational therapists and nurses support this. There are also five people who are long term residents in Heritage. During our inspection there were 25 people in Heritage Unit.

Garden Unit provides nursing care. 12 beds in Garden Unit are 'Discharge to assess' beds, which are for people who no longer require a hospital bed, but still require an enhanced level of healthcare. A further six beds in Garden Unit are dedicated to the care and rehabilitation of people who have experienced a stroke and the remaining 10 beds, are for people who require long term nursing care. Garden Unit is staffed by nurses and health care assistants who are supported by a range of visiting clinicians including GP's, consultants and specialist nurse practitioners. During our inspection there were 26 people staying in Garden Unit.

This was the second time we had inspected the service since its registration in September 2017. At our last inspection in February 2018 we found significant concerns across a range of areas, including; safety, staffing, recruitment, hydration and nutrition, consent and choice and leadership and governance. We acted to impose conditions on the registration of the provider and the service was rated as inadequate. At this inspection we found many improvements had been made and some further work was underway to ensure compliance with the legal regulations. You can see what action we told the provider to take at the back of the full version of the report.

There was 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.

During this inspection we found there had been some improvements to the safety of the service, but further

work was needed. Action had not always been taken after incidents to reduce the risk of the same thing happening again. There were not always enough staff to meet people's needs, people told us this resulted in delays to their care and support. There were occasions where people did not receive their medicines as prescribed. Medicines were not always stored safely or hygienically. People told us they felt safe and there were systems in place to protect people from abuse. Improvements had been made to risk management processes and, overall, we found risks associated with people's care and support were managed safely. The home was clean and hygienic.

There was a risk people may not be provided with enough to eat and drink. Food and fluid records had not been completed to demonstrate people had been offered adequate amounts of food and drink. Further work was needed to ensure people's rights under the Mental Capacity Act 2015 were protected. However, we did not find any evidence that people were subject to unnecessary restrictions upon their rights. Permanent staff had training and support to enable them to do their job effectively, but, we received some concerns about the skills and competency of temporary agency staff. People had access to a range of specialist health care professionals and received effective support with their health. There were systems to share information across services when people moved between them to ensure they received person centred care. The home was adapted to meet people's needs.

People were supported to be as independent as possible. There was a strong emphasis on building and maintaining people's independence and we heard many positive stories of people being supported to return to their home. People told us, and we observed, that staff were kind and caring. People's rights to privacy and dignity were respected by staff and people were involved in decisions about their care and support. People had access to advocacy services if they required, to enable them to express their views.

Overall, we found, 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 the opportunity for meaningful activity and this was tailored to people's individual needs. People's diverse needs were recognised and accommodated. There were effective systems in place to respond to complaints.

Although improvements had been made to the leadership and governance of the home, further work was required to ensure the effectiveness and sustainability of these changes. Systems to monitor and mitigate risks to people's health, safety and welfare were not fully effective. Improvements were needed to streamline systems and improve communication. Work was underway to improve opportunities for people and their families to provide feedback about the service. Staff felt supported and people were positive about the impact of the management team. Adjustments were made to meet the diverse needs of staff. There was a clear vision for the service and positive partnership working with health professionals.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

## 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 consistently safe.

Opportunities to learn from accident and incidents had been missed.

There were not always enough staff to meet people's needs.

People did not always receive their medicines as prescribed and medicines were not always stored safely or hygienically.

People felt safe and there were systems in place to protect people from abuse.

Overall, risks associated with people's care and support were managed safely.

The home was clean and hygienic.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

There was a risk people may not be provided with enough to eat and drink.

Further work was needed to ensure people's rights under the Mental Capacity Act 2015 were protected.

Established staff had training and support to enable them to do their job effectively. However, people told us agency staff required further guidance.

People had access to a range of specialist health care professionals and received effective support with their health.

The home was adapted to meet people's needs.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind and caring. People's rights to privacy and dignity were respected.

Overall, people were involved in decisions about their care and support.

People were supported to be as independent as possible.

People had access to advocacy services if they required this.

### 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 care plans fully reflected people's needs, action was planned to address this.

People were provided with opportunity for meaningful activity and this was tailored to their individual needs.

There were systems in place to respond to complaints.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems to monitor and mitigate the risks to people's health, safety and welfare were not fully effective.

Improvements were needed to streamline systems and improve communication.

Work was underway to improve opportunities for people and their families to provide feedback about the service.

Staff felt supported and people were positive about the impact of the management team.

There was a clear vision for the service and positive partnership working with health professionals.

# 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.

This unannounced inspection took place on 11, 12 and 13 September 2018. The inspection team consisted of two inspectors, a specialist nursing advisor 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 visit, 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 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 13 people who used the service and the relatives of four people. We also spoke with eight members of care staff, two nurses, a member of the catering team, the activity coordinator, the two unit managers, the registered manager, the operations manager and the nominated individual. The nominated individual is a person who is nominated by the provider to represent the organisation. We also spoke with two visiting health and social care professionals.

To help us assess how people's care needs were being met we reviewed all or part of 18 people's care records and other information, for example their risk assessments. We also looked at people's medicines records, four 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 and looked at the interactions between staff and people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We did not request a Provider Information Return prior to our inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the registered manager and provider opportunity to share this information with us during our visit.

# Is the service safe?

## Our findings

At our February 2018 inspection we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured risks associated with people's care and support were managed safely. At this inspection we found that improvements had been made in some areas but further improvements were required to comply with the legal regulations.

Opportunities to learn from accidents and incidents had been missed. Staff completed incident forms to record adverse events, such as falls and injuries. However, action was not always taken to learn from incidents to prevent them from happening again. A record showed one person had sustained an injury to their skin while being supported by staff. There was no evidence the record had been reviewed to consider what action could be taken to prevent it happening again. Another incident record for the same person recorded they had sustained another skin tear resulting in hospital treatment. Again, the record was not reviewed. The unit manager told us the person had very fragile skin and although they had spoken to the nursing team no actions had been implemented. Furthermore, no changes had been made to the person's care plan to ensure staff were aware of the frailty of the person's skin. This placed the person at risk of sustaining further injury's. We also found several other records documenting incidents and injuries which had not been reviewed.

This was an ongoing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our February 2018 inspection we found there were not always enough staff to meet people's needs. This was a breach of the legal regulations. At this inspection we found there had been some improvements, but further work was needed to ensure people's needs were consistently met in a timely way. We received mixed feedback about staffing levels. People staying on Heritage Unit told us there were not always enough staff to meet their needs. One person told us, "I doubt there are enough staff. The staff do nothing but run around. They could do with more staff. The pressure times are at breakfast and meals as they need to get people washed and into the dining room." Three people told us they sometimes had to wait up to half an hour to be attended to by staff and a relative told us this had resulted in their relation being incontinent. This view was also shared by staff. One member of staff told us, "I think we need more staff in Heritage Unit. More staff are needed in the morning."

Staffing rotas showed shifts were normally staffed to the level determined as safe by the provider. Rotas showed agency staff were used to cover some shifts. Both people and staff told us that the use of agency staff put additional pressure on staff and led to delays in support. One person told us, "Sometimes there are not enough staff. They have to get agencies. Agency staff don't know the job." The registered manager told us they had an ongoing programme of recruitment to try to reduce the use of agency staff.

In contrast, feedback about staffing levels, from people staying on Garden Unit, was positive. One person told us, "If you need help, they come straight away. I have a button in my room, but if I need help, I just call out and someone comes." Another person commented, "I don't usually have to wait too long." Feedback



from staff on Garden was equally positive.

Medicines were not always managed safely. Some people had told us they received their medicine on time. However, we found this was not always the case. Records showed one person's pain medicine had run out, resulting in them experiencing increased pain for two days. The registered manager told us they would investigate to prevent this from happening again. Other records identified medicine records were completed accurately and showed people had had their medicines as prescribed.

Medicines were not always stored safely or hygienically. Although medications were stored in locked cupboards, the treatment room in Garden Unit was accessible from the lounge via an unsecured window. We also observed that the medicines trolley was left unattended with the keys in on one occasion. This increased the risk of people having unauthorised access to medicines. Medicines trolleys and fridges were not regularly cleaned. Consequently, we found these were not sufficiently clean on both units.

People were protected from the risk of abuse and improper treatment. People told us they felt safe at Connect House. One person told us, "It feels safe. I don't know why. It just does." Another person said, "The place is safe because of the way they treat you. If you are not well they come and keep checking you. I have seen no bullying here." Most staff had been trained in recognising abuse and were able to identify examples of this. They had knowledge of the local safeguarding procedures and said they would not hesitate to raise concerns if required. Records showed the registered manager had identified safeguarding concerns and made the necessary referrals to the local authority safeguarding teams when needed. They had also carried out investigations into concerns and acted to reduce the risk of people experiencing abuse. For example, one person had reported concerns about a member of staff. The registered manager had addressed this and the staff member no longer worked at the home.

At our February 2018 inspection we found people were placed at risk of harm as risks were not managed safely. This was a breach of the legal regulations. At this inspection we found improvements had been made in this area. Overall, risks associated with people's care and support were identified and assessed safely. People told us they felt safe when being supported by staff and several people commented that they felt safer than before being at Connect House. Risks assessments were in place for areas such as falls, moving and handling and pressure ulcers. Where risks had been identified there were measures in place to reduce the risk. For example, one person had been identified as being at risk of falls, they had a movement sensor in their room to alert staff and a crash mat to reduce the risk of them sustaining an injury were they to fall. Some further work was required to ensure that risks specific to individuals were properly assessed. For example, one person regularly smoked; however, there was no risk assessment in place detailing how to ensure their safety. Despite this, we observed that staff routinely sat with the person when smoking to reduce risks.

Equipment used in people's care and support was used safely. People's care plans contained details of the equipment required for each individual and this was in place. We saw staff using the equipment safely, they were calm and reassuring which resulted in people appearing relaxed and at ease.

At our February 2018 inspection we found safe recruitment practices were not followed. This was a breach of the legal regulations. At this inspection we found improvements had been made. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. For example, before staff were employed, criminal record checks were undertaken through the Disclosure and Barring Service. These checks are used to assist employers to make safer recruitment decisions.

Overall, the home was clean and hygienic and effective infection control and prevention measures were in

place. Bedrooms, communal areas and equipment were cleaned to a sufficient standard. Most staff were trained in the prevention and control of infection and had access to personal protective equipment, such as gloves and aprons, to ensure good infection control practices. Regular audits of the environment were completed to identify issues and ensure good practice. Further improvements were needed to ensure slings for people living at Connect House were washed regularly.

The Food Standards Agency had inspected the home in January 2018 and given it a food hygiene rating of five, which means very good. We observed the kitchen area to be clean and well maintained and staff followed food hygiene procedures.

## Is the service effective?

### Our findings

At our February 2018 inspection we found people were not protected from the risk of poor hydration or nutrition. This was a breach of the legal regulations. At this information we found people remained at risk because food and fluid charts were poorly completed. This meant food and fluid intake was not always appropriately monitored.

Fluid records did not show people were offered enough to drink. One person had been identified as being at risk of poor hydration and was reliant upon staff to meet their hydration needs. Despite this, fluid records did not evidence they were provided with enough to drink. For example, one record documented they were only offered 125ml of fluid in a day. There was no evidence that action was taken to promote increased fluids and there were gaps of up to four hours between drinks being offered. We looked at fluid records for four other people, all of which showed days where fluids offered were significantly below the recommended amount. This failure to effectively monitor people's fluid intake placed them at risk of dehydration.

There was a risk people may not receive adequate amounts of food. Records did not show people had been offered food in line with their care plan. One person was at high risk of losing weight, their care plan stated they must be offered regular snacks between meals. Food monitoring records for the previous two weeks did not show that they had been offered any snacks between meals in that period. Concerns were also identified with food records, there were gaps for some meals and entire days for some people. This failure to evidence that people were being offered food in accordance with their care plans placed them at risk of weight loss.

This was an ongoing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

At our February 2018 inspection, we found people's rights under the MCA were not protected. This was a breach of the legal regulations. At this inspection we found some improvements had been made but further work was needed to ensure people's rights were fully protected. Capacity assessments had not always been completed to reflect people's decision-making abilities. Some people's care plans recorded they had fluctuating capacity in areas such as personal care. However, no formal assessment of their capacity had been undertaken, consequently, there was no documentation on how staff should act in their best interests. Despite this, we did not find any evidence that people were subject to unnecessarily restrictions upon their rights. The registered manager told us capacity assessments would be reviewed and implemented as needed.

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 Mental Capacity Act. The application procedures for this in care homes 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. DoLS had been applied for as required and where there were conditions imposed the team were working towards meeting them.

At our February 2018 inspection, we found people received care and support from staff who did not have the necessary skills and competence to support them safely. This was a breach of the legal regulations. At this inspection we found improvements had been made and further improvements were planned. People and their relatives were complimentary about the skill and experience of permanent staff. One person told us, "They know how to do the jobs." Another person commented, "The carer who just helped me is excellent at their job." Training records showed most staff had training in key areas such as moving and handling, basic life support and safeguarding adults. The provider has recently signed up to a new training package which gave staff access to a range of online training such as diabetes care. Staff told us they had enough training and said they could request further training if needed. For example, one of the nurses had asked to attend a four week end of life training course and this had been supported by the provider. Records confirmed staff received regular supervision in their role. Staff felt supported by the registered manager and told us they felt confident when carrying out their role.

In contrast, people told us they did not always have confidence in the skills of temporary agency staff. One person commented, "Agency staff don't know the job." Another person said, "There's a lot of casual (agency) staff here. I don't know what professional skills they have." A relative told us, "With agency staff they do the job but they don't know a person as a person." The registered manager told us they checked all agency staff had an adequate level of training before working at the home and they were given a basic induction and opportunity to shadow permanent staff. They were aware of people's concerns about agency staff and had an ongoing programme of recruitment to try to reduce the use of agency staff.

People were positive about the food served at Connect House. One person told us, "They are very good with food and give me a choice." Another person said, "They are good at knowing people's different tastes." The dining experience was positive, meals were friendly, sociable occasions. People were given discrete, gentle assistance to eat when needed and they were offered a choice of meals. People's diverse dietary needs were identified and catered for. One person had a health conditions which was managed by a specific diet, the catering team had purchased foods meet their needs

People told us they received effective support with their health. One person told us, "If I am ill, the staff would get the local doctor to come to me." Another person said, "The physiotherapist is working with me to try to get me active for when I get home." Records showed referrals had been made to relevant health professionals as required. Staff had a good understanding of some of the common conditions that they support service users with. For example, some staff could identify different types of dementia and the impact upon people. Overall care plans contained sufficient information about people's health needs. However, several people experienced chronic pain, although records showed that overall they received adequate pain relief, there were no care plans in relation to this. The registered manager told us they would address this.

There were positive working relationships with local GP's surgeries, this enabled people to be registered as temporary patients at the local surgery whilst they stayed at Connect House. This improved consistency, communication and care. Feedback from external professionals was positive. One health professional described the service as, "A calm and pleasant environment for healing." Staff also spoke positively about

the support they received from external health professionals. One member of staff explained how specialist health professionals had supported the staff team to better understand a person's needs and this led to an improvement in the quality of support they were able to offer the person.

People had access to a range of specialist health professionals to aid their treatment, rehabilitation and recovery. In Heritage Unit, people were supported by professionals such as physiotherapists, occupational therapists and nurses to enable them to return home. In Garden Unit, a team of specialist health professionals from CityCare and Nottingham University Hospitals, treated people who may otherwise have had to stay in hospital. In addition, people who had experienced a stroke were supported by the CityCare specialist stroke team. There were daily handovers between external health professionals and staff at Connect House to ensure information about people's needs was shared between teams.

There were systems to share information across services when people moved between them. The provider received information about people's care needs when they were transferred from hospital. Care plans and risk assessments were then developed within 48 hours of the person being at Connect House. One person told us, "When I came here the staff talked with me about my needs and health and they have worked well with me." The registered manager told us they were using the 'red bag' scheme. This scheme is designed to share information and important items, such as medicines, between care homes and hospitals. There was also an organised discharge process, involving the person's GP, to ensure the specialist support received at Connect House continued after their discharge, if required. This helped ensure people's care and support was person centred when they moved between services.

The home had been adapted to meet people's needs. Aids and equipment had been installed throughout the home to enable people with mobility needs to navigate around the building and there was a call bell system to ensure people could request staff as required. There were communal lounges areas, with separate dining areas, on each unit which meant people had space to spend time socialising with friends and family. People told us they could use the enclosed, well maintained garden when they wanted to. Improvements were planned to the conservatory area to make it suitable for use throughout the year. However, during our inspection we observed this area was used to store some broken and disused equipment and furniture. This did not create a homely environment and could have posed a risk to people.

## Is the service caring?

### Our findings

At our February 2018 inspection we found people were not always treated in a dignified manner. At this inspection we found that improvements had been made in this area. People and their families told us staff were kind and caring. One person told us, "They are all kind. When you look in their eyes, you feel they really do mean it" Another person said, "They are fantastic staff, they're good at what they do. If there's a problem, they try and sort it." A relative told us, "We can't say enough. We are over the moon with the help [relation] is getting." Other people used words such as 'polite,' 'considerate' and 'lovely' to describe the staff team.

People told us staff were approachable. One person said, "You can talk to staff easily about what is bothering you," another commented, "If I worry, then staff come and have a chat with me." Staff were compassionate and responsive to people's distress. Records showed one person had raised concern about another person who had entered their room at night. Staff had reassured them the situation would be addressed, acknowledged their distress and offered an apology for any upset.

People were involved in decisions about their care and support and their views were respected by staff. One person told us, "If I don't feel like doing something, I tell them. They listen. I think they respect my wishes." Where possible people were involved in their care plan. One person told us, "I feel involved in the plan about my care. I know what is happening." Another person said, "I know there is a care plan. My sister is involved with it." The activity coordinator explained how they involved people, "I do the 'meet and greet' for any new people, getting to know them and to inform the care plan. It's questions about their family and preferences etc." Most care plans contained information about people preferences; however further work was needed to ensure plans were individualised and person centred.

People's care plans contained information about their communication needs. Some further work was needed to ensure this information was detailed and personalised. For example, one person's care plan contained contradictory information about how best to communicate with them. We discussed this with the registered manager who told us action would be taken to address this.

The registered manager told us 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. No one was using an advocate at the time of our inspection.

People were supported to be as independent as possible. One person told us, "I am having physio twice a week, they are helping me to get better." Another person told us, "I try to do things on my own, if I need help, staff are there, they always make space for each person"

A third person commented, "This place is for rehabilitation. I've improved since coming here." There was information in people's care plans about what people could do themselves and areas in which they needed prompting or assistance.

There was a strong emphasis on building and maintaining people's independence to enable them to return home. Staff told us they received support from specialist health professionals to achieve this goal. This had a

positive impact on people who used the service. For example, the nursing team had worked with one person to help them regain their continence to enable them to return home. Another person required full support with all areas of their care when admitted to Connect House. The team worked with them to help them regain their mobility and other skills throughout their stay. This demonstrated people's independence was encouraged and promoted.

People were supported to maintain relationships with friends and family. One person told us, "My sister and friends visit. We go to my room to chat and if it's nice we go outside in the garden." Another person said, "There's no time limits on when my son can visit." People's family and friends told us they were welcome to visit the home. A relative told us, "We are offered a drink as soon as we get here, they are very kind. We can't fault them." There were no restrictions upon visitors to the home.

People were treated with dignity and their right to privacy was respected. One person told us, "They are respectful to me. They are busy, but they don't rush me." Another person said, "Oh yes (they respect privacy), every time. They knock on my door, close the curtains, put on the light and shut the door." Staff could describe the measures they would take to ensure people's privacy and we observed that staff treated people in a respectful manner throughout our inspection.

## Is the service responsive?

### Our findings

At our February 2018 inspection we found people were at risk of inconsistent, unsafe support that did not meet their needs. This was a breach of the legal regulations. At this inspection we found that improvements had been made in this area.

People told us they received the support they needed from staff who understood their needs and preferences. One person told us, "The staff know me and my needs and they are adequate for my purpose." Another person said, "The staff here know me well and are very helpful. All of them." Each person had a care plan which gave staff an oversight of their individual needs and preferences. The registered manager told us work was underway to further improve the care plans to ensure they were personalised and comprehensive.

Support was flexible and responsive to people's needs and routines. One person told us, "They (staff) ask me what I want, like what I want to do or, like to wear." Another person said, "I just go to bed when I feel tired. There's no set rules, you just say what's right for you." We saw staff had made adjustments to meet people's needs. For example, the kitchen staff prepared breakfast early for one person who needed to eat at the same time as having their medicines.

People's diverse needs were identified and accommodated. One person told us, "I was a church goer and my minister did come to visit me here." The activity coordinator told us they discussed people's religious and spiritual needs when they were admitted to the service. Some improvements were needed to ensure this was done in a timely manner. The catering team had a good understanding of people's diverse needs related to their diet, they had separate equipment for preparing culturally appropriate meals and had previously worked with people and their families to understand their needs in this area.

People were provided with kind and caring support at the end of their lives. Some staff had received training in end of life care and more was planned. Staff had a good understanding of their role and demonstrated compassion and care for people at the end of their lives. We observed that people who were coming towards the end of their lives were made as comfortable as possible and given medicines to relieve their pain. People's families were accommodated in the service so they could be with their relation in their final moments. People's dignity was respected after their death. During our inspection a screen was used to block the corridor from view as a person who had passed away left the building. Staff were visibly upset to lose a person who had lived at the home. They told us they attended people's funerals when able. Although some people had end of life care plans they only covered basic details. For other people there was no evidence that they had been offered support to think about their wishes for the end of their lives. However, this did not appear to have a negative impact on the care people received. The registered manager told us they would address the deficiencies in care plans.

Further work was required to ensure the provider met their duties under the Accessible Information Standard. The Accessible Information Standard ensures that all people, regardless of impairment or disability, have equal access to information about their care and support. The registered manager told us this was an area for development. They were in the process of developing resources to meet the Accessible



People were offered opportunities to get involved in a range of activities based on their individual preferences. People told us they enjoyed the activities available. One person said, "Yesterday I played dominoes with someone for a good hour and a half!" Another person commented, "They try to do activities to involve you." A relative told us, "They try to keep [relation] occupied. They are knitting again and doing chair exercises." The home employed an activity coordinator who worked across both units. They told us "I try hard to get to know each person, so we get it right for them. It is harder if someone is here for just a few weeks to get to know them as well, but we try our best." There was a weekly programme of activities including; creative crafts, singalongs, entertainments, quizzes, games and exercise. We saw people enjoying watching a film and playing games. People were engaged and appeared to be enjoying themselves.

Activities were adapted to accommodate people's individual needs and to aid their recovery. We saw the activity coordinator running a quiz, they made sure the questions they asked were appropriate to each person's abilities. On another occasion, the activity coordinator assisted someone to paint. They provided advice to the person about how to hold the brush to help build the strength in their arm which had been weakened by a stroke.

People who chose not to get involved in organised activities were also catered for. One person told us, "It's not really my thing to do the activities, I prefer to read," they went on to tell us staff had provided them with the book they were reading. The activity coordinator told us, "I make sure that people in their rooms get a visit every day to see how they are and at least a weekly 30 minutes one to one session, to have a chat or do an activity they like."

There were systems and processes in place for people to provide feedback and to deal with, and address complaints. Most people told us they would feel comfortable telling the staff if they had any complaints or concerns. One person said, "I'd talk to staff if I had a problem, they would all listen and help." Staff knew how to respond to complaints if they arose and were aware of their responsibility to report concerns to their manager. Staff told us they were confident the registered manager would act upon complaints appropriately. There was a complaints procedure displayed in communal areas which detailed how they could make a complaint. Records showed complaints had been handled in line with the provider's complaint policy to the complaints satisfaction and several people told us about concerns they had which had been resolved. A relative told us, "We shared a concern about an incident. It got sorted out." The registered manager commended staff for the way fair and non-judgemental manner they cared for people when complaints had been raised.

## Is the service well-led?

### Our findings

At our February 2018 inspection we found concerns with the governance and leadership at Connect House. This resulted in a breach of the legal regulations. During this inspection we found improvements were underway, but further work was needed to ensure the effectiveness and sustainability of systems and processes.

Systems to ensure the quality and safety of the service were not fully effective. New quality assurance audits and processes had been implemented since our last inspection; however, these were not fully effective in addressing deficits in practice. For example, audits had identified that food and fluid records were not completed properly. However, effective action had not been taken to address this. This failure to address areas of concern had exposed people to the risk of poor food and fluid intake. The registered manager told us they had been focused on the day to day operations of the home and acknowledged further work was required to ensure audits were fully effective.

Systems to analyse and learn from accidents and incidents were not effective. Although care staff had completed the appropriate documentation this had not been effectively reviewed by members of the management team. Consequently, timely action had not been taken to reduce the risk of recurrence or, in some cases, to make referrals to the local authority safeguarding team. This demonstrated that systems to monitor and mitigate the risks to people's health, safety and welfare were not fully effective.

Further work was needed to streamline systems and improve communication. While the presence of a wide range of external health professionals at Connect House had many positive outcomes for people, it had also led to duplication and a lack of clarity about responsibilities in some areas. A member of the management team told us it could be hard to have an overall oversight of people's care as so many different staff are involved. Care staff echoed this and told us records were kept in multiple locations which could be confusing, this was confirmed by our observations. We also found some out of date medicines stored in the homes medicines fridge which belonged to the visiting GP. A lack of clarity about responsibilities meant this had not been identified and addressed. The management team were aware improvements were needed to streamline processes and told us work was planned in this area.

The overall rating for this service is rated as Requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding.' Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement or Inadequate' on two consecutive inspections. This shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved.

The above information was an ongoing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team had a vision for the home and were committed to making improvements with an aim of providing an outstanding service. The provider and registered manager told us the purpose of the

home was, in part, determined by funding agencies. This had led to the home accommodating a mixture of short term and long-term residents. Some further work was needed to ensure the distinct needs of these two groups were met. For example, care plans for people who were long term residents required more person-centred details, where as some processes for people who were there for a short period needed to be prioritised to reflect the length of their stay.

There was a registered manager in post at the time of our inspection and they were supported by two unit managers. Feedback about the leadership of the home was very positive. One person told us, "The home is very smoothly operated and it is courteous and friendly here." Another person commented, "Yes I know the manager. She has dropped in to say hello. She is a fine leader." Staff felt their managers were approachable and supportive, they described the registered manager as "brilliant" and "cracking." One member of staff told us, "The service is well managed now. We have a strong supportive manager. Improvements are happening."

The registered manager had worked hard to nurture and support the staff team and staff told us morale had improved significantly. All staff felt morale was good and had improved over the past few months. The caring approach at the home extended to staff. The registered manager recognised and supported the diverse needs of the staff team. For example, they had adapted the rotas to accommodate a member of staffs' religious beliefs. Staff were given time and space to pray if they wished and adjustments had been made to cater for the health needs of staff. There had been a recent fundraising event for a member of staff who had experienced a traumatic life event. Staff, residents and families had come together to hold a barbeque and raffle. The proceeds had been donated and we saw posters expressing gratitude displayed within the home. The registered manager told us the improvement in staff moral had resulted in positive outcomes for people using the service. Staff retention had improved enabling more consistent support and staff were happier in their roles.

Overall, people and their relatives were positive about the quality of service provided at Connect house. One person told us, "I'd give a nine out of ten, they're fantastic at everything," another person commented, "I would recommend it to others." People told us they were not asked for their views on the quality of the home, but most commented they were happy with the quality of the service. The management team told us they were working on improving opportunities for people to provide feedback. A newsletter had recently been launched and a feedback questionnaire had been developed and was underway at the time of our inspection. Initial responses to the questionnaire were positive.

Staff felt involved in decision making and told us that when they made suggestions managers listened. For example, a member of the catering team had suggested changing the way meals were served to improve the dining experience. This was agreed by the provider and was in the process of being implemented. Regular meetings were held with staff, these were used to communicate information, address areas for improvement and to share ideas for development.

There were established working relationships with external health professionals. Both staff and external health professionals commented on the positive working relationships that had developed and felt that these led to better outcomes for people staying at Connect House. External professionals described Garden Unit as having a great team and effective relationships. A consultant had commented that Garden Unit was "marvellous" and improved patient outcomes, by reducing unnecessary stays in hospital beds.

The registered manager kept up to date with best practice in several ways. They had signed up to nursing journals and shared relevant articles with the nursing team. They attended a regular forum for registered managers and went to other events to learn about new initiatives and best practice. The registered manager

told us they also benefitted from the expertise of external specialist health professionals located at the service. In particular, the advanced nurse practitioners who shared new resources and training with them and the staff team.

We checked our records, which showed the provider, had notified us of events in the home. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their most recent 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 12 HSCA RA Regulations 2014 Safe care and treatment  Opportunities to learn from accident and incidents had been missed.  There was a risk people may not be provided with enough to eat and drink.  Regulation 12 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor and mitigate the risks to people's health, safety and welfare were not fully effective.  Improvements were needed to streamline systems and improve communication.  Regulation 17 (1)