

Glenside Manor Healthcare Services Limited

Limetree

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 30 and 31 August 2018 and was unannounced. Limetree provides care for adults who require long-term nursing intervention and support because of an acquired or traumatic injury, or other neurological condition. It is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the previous inspection in June 2017, we rated this service as Requires Improvement, with a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We received an action plan from the provider telling us how the regulation was to be met following the inspection. At this inspection we found there were some improvements, but these were not sufficient to meet the requirements of the Regulations. There was a repeat breach of Regulation 9.

This is the second consecutive time the service has been rated as Requires Improvement.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to assess and monitor the health, safety and welfare of people at the service. There were a range of quality audits undertaken and their outcomes were used by senior managers to assess set performance objectives. Where performance targets were not met, action plans were devised on how these objectives were to be met. We found at this inspection shortfalls in medicine systems and care planning existed and remained from the last inspection. Audits did not cover all areas of care delivery. For example, medicine audits were based on the clinical room but not on safe management of medicine and infection control was based solely on hand hygiene. Care plans were not audited. This meant audits did not drive improvements in all areas of health, safety and welfare of people.

Medicine systems were not managed safely and people were not consistently having their medicines as prescribed. Records of medicines administered were not consistently signed to show when topical creams were applied and thickeners used in fluids. The staff that applied topical creams were not signing the records of administration. This meant registered nurses were signing for topical creams when they could not be certain creams were applied as prescribed.

Care plans and risk assessments were combined. However, some care plans were conflicting, people's preferences were not recorded, and guidance on meeting people's needs were not followed. Information from the "Getting to know me" documents were not used to develop person centred care plans. Care plans were not always developed where people had mental health care needs. Records showed guidance was not consistently followed where people presented with behaviours staff found difficult to manage. People told

us they had some say about their care plans during review meetings.

There was a reliance on agency staff and the registered manager told us every effort was made to ensure the same agency staff were used. Some staff raised concerns about the staff recently recruited. They said some staff were not able to communicate effectively in English. The clinical lead told us the steps taken to ensure the staff employed could speak English. The registered manager and clinical lead told us recruitment was in progress and the steps that were being taken to attract and retain staff.

Although staff said the registered manager was on duty once weekly and they were contactable by phone. Staff said there was a regular presence from the deputy manager, which they praised. Staff said since the appointment of the registered manager staffing levels had improved.

The registered manager told us there was continuous learning from accidents and incidents. They said that challenges included the recruitment and retention of staff. Senior managers were taking steps to improve the service's sustainability.

People felt safe because they had confidence in the staff. The staff we spoke with knew the types of abuse and where to report their concerns. They said they had attended safeguarding adults training to help them recognise the signs of abuse and about reporting concerns.

Where possible, people made day to day decisions and relatives said they supported their family members to make decisions. Mental capacity assessments were undertaken for complex decisions. Deprivation of Liberty Safeguards (DoLS) applications were made to the supervisory authority where people were subject to continuous supervision and for accommodation at the service.

People and relatives were positive about the skills of the permanent staff. The staff told us the training was good and there were opportunities for professional qualifications.

People had access to healthcare services as required. Relatives told us they were kept informed about GP visits and about important events.

We saw some good interactions between people and staff. Mealtimes were relaxed and people made decisions on where to eat their meals. At mealtimes, we saw that staff were standing while assisting one person instead of sitting down. We noted that people were using adapted plates to eat their meals. However, as people were eating their meal with a knife and fork, adapted crockery was not needed.

People told us who they would approach with concerns. Relatives told us they would complain to staff. The complaints procedure was on display. There were no complaints made since the last inspection.

Activities were appropriate for adults and were person centred. When people were admitted, the activities coordinator met with the person to establish their preferred interests and hobbies. There were one to one activities for people that were not able, or preferred not to participate in group activities.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicine management systems, including record keeping and care plans for medicines prescribed to be taken as required (PRN).

Care plans were combined with risk assessments, but lacked detail and information was at times conflicting. Care plans showed that where people presented with behaviours the staff found difficult to manage for some people the guidance was not followed.

People said they felt safe with the staff. Staff knew the procedures for the safeguarding of vulnerable adults from abuse.

Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act (MCA) were followed by the staff. Where people lacked capacity and restrictions were imposed, Deprivation of Liberty Safeguards (DoLS) applications were made.

Staff had access to a range of training to ensure they had the correct knowledge and skills to provide people with the appropriate care and support. There were opportunities for staff to discuss their personal development with their line manager.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring.

We saw positive interactions between staff and people using the service.

People told us the staff respected their rights. Members of staff were knowledgeable about building relationships with people and why this was important.

Is the service responsive?

The service was not responsive

Care plan did not fully reflect people's physical, mental, emotional and social needs. Care records were not consistent and reflective of people's current needs.

People had access to in-house and community activities.

People told us who they would approach with concerns.

Requires Improvement



Is the service well-led?

The service was not well led

The quality assurance systems in place were not fully effective. The audits did not cover all areas of care and treatment delivery.

People told us their views about the service were sought through "resident's meetings" and questionnaires.

Requires Improvement



Limetree

Detailed findings

Background to this inspection

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

This inspection took place on 29 and 30 August and the first day of the inspection was unannounced. At the time of the inspection there were 14 people living at the service.

The inspection was carried out one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed all the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people and one relative. We spoke with the clinical lead, registered manager, two registered nurses, two senior rehabilitation assistants, one rehabilitation assistants and one member of bank staff. We also spoke with the activities coordinator, art therapist and housekeeping staff. One health and social care professional responded to our email request for feedback about the service.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included five care and support plans. We reviewed the staff training matrix, staff duty rosters, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices for part of the day.

Is the service safe?

Our findings

At the inspection in June 2017, we rated Safe as Requires Improvement. We found that staff were not knowledgeable about safeguarding procedures and risk assessments did not give detailed guidance on how to minimise risks. At this inspection we found there were some improvements in the guidance to staff on how to minimise risks. The staff we spoke with knew how to identify abuse and about reporting procedures where there were concerns.

Medicine systems were not always managed effectively. Where people had topical creams prescribed the records of application were not consistently signed to show the medicines were applied. A registered nurse confirmed they were signing medicines records when they had not applied the creams.

Good practice guidance was not always followed when administering pain relief patches. 'Site of application' record for pain patches were maintained for one person, but the rotation sites were mainly right or left upper shoulder. For another person a record of the site application of the pain patch was missing. Guidance recommends that "the site of application of a patch should be rotated with each application in accordance with the manufacturer's instructions. This varies from patch to patch. Some patches can cause a thinning of the skin and if routinely applied to the same area, the rate of absorption into the bloodstream can be higher, potentially leading to overdose."

Good practice guidance for writing care plan for medicines prescribed to be taken when required (PRN) were not always followed. Records of administration showed one person was prescribed with PRN pain relief for back pain. However, the medicine care plan did not include the protocol of pain relief. Guidance recommend that care plans should contain enough information to support staff to administer PRN medicines as the prescriber intended. This should include: the symptoms to look out for and when to offer the medicine, whether the person is able to ask for the medicines and where more than one option was available, for example multiple painkillers, the order in which they should be tried should be made clear. For example, paracetamol first, then codeine if pain not resolved

Care plans for "when required" medicines (PRN), did not give staff guidance on when to administer these prescribed medicines. For one person, the medicine care plan lacked detail on when to administer PRN prescribed topical ointment, medicines for agitation, and for pain relief. The care plan did not give staff guidance on the signs of agitation. For another person prescribed with multiple pain relief, the order of administration was not included in the care plan. For another person, the medicine care plan did not include guidance for PRN medicines.. People were at risk of not consistently receiving their medicines when required, or in the required order.

Some risks were assessed and monitored. The staff we spoke with knew the actions to take for individual risks which included falls, choking, malnutrition, pressure ulceration and behaviours that staff found difficult to manage. Care plans were combined with risk assessments, but lacked detail and the information was conflicting. For example, the mobility care plan for one person stated they were "able to mobilise independently for example, stand and sit without support". The care plan was reviewed monthly and stated

the person's mobility remained poor and the care plan was up to date and current. The fall risk assessment detailed that this person was to be assisted by one member of staff when "mobilising" as they were "unsteady and may lose balance when mobilising".

The staff were not using guidance to provide a consistent approach to prevent behaviours from escalating. A bank member of staff told us when people resisted personal care, they called for assistance from other staff and they protected themselves using MAPA techniques (MAPA (Managing Actual and Potential Aggression a consistent approach to behaviour management) The 'Getting to know me' document for one person described how staff were to "support me when I am anxious." The order in which staff were to manage the situation was detailed and included, "give me verbal support and reassurance", although how to reassure the person was not detailed. Staff were to establish the causes of the behaviour such as pain and de-escalation techniques included change of topic with examples of the preferred subjects. For example, activities, snacks and personal care.

The behaviour care plans listed the types of behaviours that may indicate an increase in the levels of agitation. For example, raised tone, repetitive behaviours such as "shouting for help", throwing objects, hitting and mood shifts. The triggers that show behaviours were escalating included constipation, attachment to staff and low motivation. The guidance to staff when these behaviours were presented included offering medicines, structured one to one activities and a consistent approach from staff. However, the antecedents, behaviour and consequence (ABC) chart for 15 - 23 August 2018 showed that guidance was not consistently followed. With the exception of one day, staff did not follow guidance to offer activities, offer a change of location and reassurance. Staff mainly told the person to "sit down" when the person used repetitive behaviours such as standing up and shouting for help.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014"

Staff told us they had attended MAPA (Managing Actual and Potential Aggression a consistent approach to behaviour management) skills. This training helped staff with using appropriate holds to protect the person and others from harm. A member of staff told us MAPA holds were the "last resort" and only if the "person or others were at risk of harm".

Equipment was used to reduce the potential of people developing pressure ulcers. For one person, the "summary of needs" regarding their tissue viability, stated that due to lack of mobility the person was "vulnerable to skin breakdown". Their Waterlow assessment indicated this person was at high risk of developing pressure ulcers due to their continence needs, mobility and neurological needs. An air mattress was in place as the person was at an increased risk of tissue damage.

Pressure relieving equipment was used for some people to promote people's skin integrity. The staff we asked told us the air mattress settings were checked weekly on a Saturday. We asked the registered nurse and the staff on duty about the setting of air flow mattresses. All but one of the staff we spoke with knew how to set the mattress or where to find the information to ensure the settings were correct.

People told us the staff administered their medicines. The medicine file included a photograph of the person and details on how to support the person to take their medicines. Records of administration were signed for medicines administered.

The registered manager told us there was an online system for reporting accidents and incidents known as

GEMS. A member of staff said that following an incident of aggression staff documented the incident in the daily notes and GEMS where people sustained an injury. Where a MAPA hold was used, then there was a debrief. Analysis of accidents and incidents showed there was one unplanned hospital admission and an incident reported to safeguarding.

People told us there were staff available to support them. A relative told us, "since the change of hands, the staff have completely changed and there has been no continuity." The registered manager told us recruitment was in progress and currently there were 12 permanent staff, three bank and three regular agency staff being used. On the second day of the inspection on duty there was a registered nurse, a senior rehabilitation assistant, one bank staff and three agency staff. One agency worker was on induction and working supernumerary.

While staff told us there was sufficient staff on duty, they raised concerns about the skills mix. For example, overseas staff were not able to speak fluent English and agency staff were used to maintain staffing levels. A member of staff told us the "same agency staff were booked, but sometimes the staff that arrive are not the ones expected." This meant agency staff arriving on duty did not have the skills to meet the needs of people. This member of staff said when these occasions arose, there were changes of staff within the site to ensure the staff with the right skills were on duty. They also said, "there was an issue with communication as English is not the first language [for some new staff]". They are offered English lesson." Staff were told, "If you don't understand, let us know. We don't allow them [staff] to work on their own when there are language barriers."

People said they felt safe at the service and their comments included, "I feel safe because the staff look after me," "I do they look after me" and, "Yes, I always feel safe here the staff look after me."

The staff were trained to understand safeguarding policies and procedures. A member of staff told us the principle of safeguarding procedures was to protect vulnerable adults from abuse and listed the types of abuse. This member of staff told us the reporting procedures for making referrals of abuse to the Local Authority. The registered manager said there were no outstanding safeguarding referrals.

The premises were observed to be clean and free from unpleasant odours.

Is the service effective?

Our findings

People received care and treatment from staff that were supported to develop their skills, gain professional qualifications and whose performance was monitored. The clinical lead told us the provider had set a 100% target of trained staff, which was above the Wilshire Clinical Commissioning Group expectation of 90%. The performance objectives analysis showed an increase above the 90% of training attended by staff which the provider had set as mandatory.

A member of staff told us their induction covered mandatory training and shadowing of more experienced staff. They worked supernumerary for two weeks and where they received guidance on how to meet the needs of people at the service. On display in the office we saw specific training courses available to all staff. This member of staff said the training was accessible to all staff including regular agency staff.

Staff had regular one to one supervision meetings with their line manager. The registered manager said one to one supervision meetings were every 90 days. Staff comments and key objective statistics confirmed staff had regular one to one meetings with their line manager. The staff we spoke with said at their meetings they discussed concerns, their performance and personal development goals. A member of staff said supervision meetings were regular and appraisals were annual. They said, "supervisions are about their wellbeing, concerns and people at the service. Performance is part of the supervision agenda where goals are set. The provider is keen for staff to develop their skills."

People were supported to maintain a balance diet. The comments from people about the meals included "They are alright. I have a choice and will offer me something else if I don't like what's on the menu", "The food is great, and I have a choice of what I would like. If there is nothing on the menu that I like I just say and they get me something else" and, "The food is alright we get a choice. If I don't like what they have they get me something else."

The lunchtime meal observed was laid back and casual. People were able to eat their lunch in their preferred place. For example, lounge, bedroom or dining room. We noted that meals were served in adapted plates but not everyone needed them. We saw one person was observed using a knife and fork and two other people were assisted by staff to eat.

Staff were not always aware of how to position themselves to best support people with their meals. We observed a new member of staff providing positive interactions and offering support during lunch. We also saw a member of staff making less effort with interactions with the one person they were assisting to eat. During observations, we saw that this member of staff was standing whilst supporting the person. The lunchtime experience may not be as relaxed for this person.

There was a choice of two menu options at mealtimes. Staff told us people selected their preferred menu choices two days in advance. They said if the selected option was refused an alternative was offered. During the lunchtime meal two people were offered alternatives when they refused the meal offered.

People were supported with their ongoing healthcare needs. A member of staff told us GP visits were twice weekly. They said during handover the staff were kept informed about the outcomes of visits. Where rehabilitation assistants had concerns about a person's deteriorating health, then it was passed onto registered nurses. The registered nurses then made the decision about the urgency of the healthcare visit. Records indicated people had access to healthcare professionals such as GP's and opticians. People also had access to internal healthcare professionals such as clinical psychologists, physiotherapists, occupational therapists, speech and language therapists, dieticians and podiatrists.

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

People's capacity to make decisions was assessed and where they lacked capacity best interest decisions were taken with the involvement of relatives, health and social care professional. For one person, mental capacity assessments were in place for care and treatment decisions. Specific decisions included accommodation, continuous supervision, covert medicines and some restriction.

The people we spoke with told us the decisions they made and who helped them make them. Their comments included, "I make my decisions", "If I refuse they just come back later when I am ready" and, "The staff make my decisions. If I don't want help at the time they come back later." The staff we spoke with were knowledgeable about the day to day decisions people made. A member of staff told us, "people make day to day decisions. People make decisions about activities, time to rise, the staff to support them and what they wear. Where people eat their meals and what they eat."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Deprivation of Liberty Safeguard (DoLS) applications were made to the local authority, for continuous supervision and to receive care and treatment at the service. Where DoLS authority was granted, we saw that the conditions were being met. For example, the DoLS conditions for one person included maintaining contact with the appointed Lasting Power of Attorney and updating the care plans when there were changes in the person's care.

Is the service caring?

Our findings

The people we spoke with said the staff were "caring". They told us staff asked them about their food preferences and outings, but were unable recall if they were asked about their needs and how their care needs were to be delivered. One person told us that this "home was much better" than their previous experience of care homes. They said the staff were nice although there were a couple that were not as good and acknowledged it was to be expected. One member of staff was praised as being "very nurturing". The comments from the relatives we spoke with included, "I haven't had any problems. They do their very best with him. I can go away knowing that he is cared for." And, "Very good and kind."

During the inspection we saw staff supporting and interacting with people in lounges. Staff were sitting with people and we saw one person with staff playing a boxed game. We saw staff respond to people when their attention was sought. While there was reliance on agency staff, we observed them chatting with people about events that occurred on their previous shifts. We noted that staff were mindful of people that preferred to sit on their own in other communal areas away from the main lounge.

The registered manager told us how they ensured the staff used a caring approach towards people. Staff practice was observed for example how they communicated with people and how they reacted to the staff.

Staff told us how they ensured people felt that they mattered to them. A member of staff said, "We come in the morning. We acknowledge people. I will say, when you are ready let me know. I respect their rights, their religion and what works best for them." They said that some people were able to tell staff about their preferences. Where people were not able to express their wishes, staff consulted with relatives. Another member of staff said, "we listen to people, we ask them what they want to do. If people are upset we ask them how we can help. We try and get people involved we offer activities and try and encourage them to socialise with people in lounges."

Staff explained that building relationships with people was important. A member of staff said, "each person is an individual in their own right. One person likes to play connect four and have staff near for chat." The views of people were sought through "residents" meetings and questionnaires. A member of staff said "residents" meetings were chaired by the activities coordinator.

People equality, diversity and human rights (EDHR) were respected. Comments from people included, "Yes, they knock on my door before coming in and they ask me things", "They always knock on my door" and, "They knock on my door and close the door and curtains when they are helping me". A member of staff told us, "We give people the opportunity to raise concerns. We ensure the staff supporting them respect people's rights. We ask people before care is delivered". The care plan for one person stated they enjoyed reading the Bible and the arts therapist told us on person used art activity to connect with Bible stories. Care plans directed staff to respect people's diversity. For example, the care plan for one person instructed staff to respect their dignity and privacy by ensuring the person was covered during personal care.

Is the service responsive?

Our findings

At the previous inspection in June 2017, we asked the provider to take action to make improvements in care planning processes. We found care plans were not person centred and did not include people's preferences on how their care was to be delivered by the staff. People were not involved in the development of their care plans. At this inspection we found the improvements were not consistent enough to meet the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 9, person centred care.

Care plan did not fully reflect people's physical, mental, emotional and social needs. Care plans were not developed for people with mental health care needs. The 'Summary of needs' for three people, made references to having mental health care needs, such as depression and mood swings and that 'Emotional health and wellbeing' care plans were in place. However, the care plans were generic and had not been adapted for each person. For one person, the care plan was dated 4 September 2016 and the only entry was "XX expressed no concern and through observation with staff and family." For another person the Emotional health and wellbeing care plan was generic and the only entry was dated 2016 where staff had documented, "discussion has taken place previously with XX family and activities organised and consulted directly with XX who was able to answer "yes" and "no". For the third person the only entry made in the care plan was "created in discussion with [name] who expressed no concern and through observation with staff and family. This meant care plans were not always person centred and staff were not given guidance on the signs of deteriorating mental health care.

Information within care records was not consistently reflected with each other. For example, the 'Summary of needs' for one person stated the person was to receive "restrictive fluids" and were to have two litres per day. However, nutrition and hydration care plan for the same person stated that there was "poor fluid intake".

The 'Getting to know me' documents detailed the "things that are important" such as for one person, their family. Previous employment and brief summaries of needs with people's likes and dislikes were also recorded. However, this information was not used to develop person centred care plans. For example, the personal care plan for one person was written in the first person, but lacked their preferences on how their care was to be provided. The care plan stated that two staff were needed to assist with personal care. Staff to use a calm manner, speak to the person and explain the support to be delivered. The staff were to offer choice on what to wear including perfume and jewellery.

This was a repeated breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014".

A member of staff told us care plans needed improvement and said, "not all staff are good with the care plans. We all have strengths and weaknesses but some staff's strength is not in developing the care plans." Another member of staff said care plans were devised by the registered nurses and senior rehabilitation assistants were being trained to develop care plans and risk assessments. This member of staff said they

read care plans for "accuracy. I read them all when I first started and when we get time we read them again. We do the risk assessments." Another member of staff said they read care plans during induction and from then onwards depended on handovers and allocations sheets to keep them informed about people's current needs.

Practice at the service reflected a 'medical model' of care, despite the service having a CQC adult social care registration. People at this service were receiving long term residential care. Members of staff referred to people as patients and documents referred to ward nurses and patients. People in adult social care services have an equal right to expect support in a manner and in circumstances which correspond with their preferences as well as being enabled to be as independent as possible. Whereas staff using a medical model approach have a view of what is 'wrong' with the person and may create low expectations which may lead to people losing independence, choice and control over lives.

A Keyworker system was in place. People were assigned with a "named nurse" and a rehabilitation assistant supporting the named nurse. The named nurse was responsible for updating care plans and attending reviews. Staff told us the "named nurse was the main link with the next of kin's" and the keyworker role included arranging shopping trips and keeping bedrooms tidy and ensuring people had toiletries.

Despite care plans not being person centred, the people we spoke with were aware a care plan was in place. Their comments included, "We have meetings to discuss my care plan and if there is anything I'm not happy with we discuss it", "I have a care plan and we sit down at times and discuss it" and "There is a care plan for me. If I don't like something I interrupt and tell them."

Clinical care plans for medical conditions were in place. For example, the care plan for one person that experienced seizures detailed how their epilepsy was managed. The care plan stated the person's epilepsy was managed with medication, the types and signs of seizures. The emergency rescue care plan detailed the medicines to be administered for each type of seizures and who to contact if the seizures continue or escalate.

There were people that needed support from staff to express themselves. The communication care plans demonstrated that steps were taken to support people in line with The Accessible Information Standard (AIS, introduced by the Government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand). For one person, the communication care plan included their medical condition which had significant impact on their abilities to communicate. The care plan included clear guidance to staff on how the staff was to be supported. For example, Staff were to "break tasks /instructions into small steps. If I appear confused speak more slowly use visual cues. I am more relatable to a direct approach with jovial banter. I respond well to female staff."

People had access to activities that were geared towards adults and were person centred. When people were admitted, the activities coordinator met with the person to discuss their preferred interests and hobbies. The activities coordinator told us activities were created where people expressed a wish to pursue a hobby. The activities provided included making bird boxes, different types of needlework, needle felting, outings to places of interest, a Pet Assisted Therapy (PAT) dog visits, gardening and general knowledge quizzes. People sold their crafts to add to the small budget used to purchase materials needed to ensure activities continued to be provided.

People told us, "I do furniture restoration, make bird boxes, go out on trips and go to meetings", "I go out for coffee and a cake" and, "I go and visit my dad, go for walks and visit the garden centre." On the first day of the inspection there was a session on furniture restoration, which people in other services could join. The

activities coordinator explained the idea of involving people from other units was to encourage interaction. On the second day of the inspection there was a cooking activity.

The complaints procedure was on display at the service. People told us "I would speak to my keyworker. I know how to make a complaint," "I would tell them [staff]" and "I tell them [staff], and we discuss it." There were no complaints received at the home since the last inspection.

Is the service well-led?

Our findings

At the inspection in June 2017, we rated Well Led as Requires Improvement. While there were systems in place to monitor and assess the quality of the service the findings from the inspection were not consistent with senior manager's assessments of the service. For example, the audits had not identified that care plans were not person centred. At this inspection we found little evidence of improvements in systems used to assess and monitor the safety and quality of the service.

Quality assurance systems were not effective and did not drive improvements. A range of audits were used to monitor the safety and quality of the service delivery. Senior managers were provided with outcomes of audits which were assessed against set targets. However, the audits were not detailed and did not cover all areas of care delivery. Infection control audits were based on hand hygiene which meant that other standards such as personal protective equipment (PPE), management of care equipment and control of the environment were not part of the audit. We found shortfalls in medicine systems and in care planning that existed and remained from the last inspection. This meant audits did not drive improvements in all areas of health, safety and welfare of people. Since the inspection we were provided with an environmental assessment which listed shortfalls. However, an action plan on how these outcomes were to be fully met were not provided. For example, posters demonstrating hand hygiene, and how damage to the property was to be repaired

The clinical lead told us the targets were assessed from the statistics provided through audits. They said the "[Registered] managers and "nurses" will check the audits for accuracy and to ensure the information was up to date. There was an expectation that managers account for shortfall and develop a quality improvement plans to meet the set objectives. They said the analysis provided was then used to assess and drive improvements.

A system for assessing risks relating to the health, safety and welfare of people was in place. The provider followed NHS directives to assess people with specific medical conditions such as MRSA and people with feeding tubes inserted (PEG). There were weekly meetings known as 'Risk Rounding', where designated staff met to discuss people at greatest risk. For example, people with needs relation to artificial breathing equipment and behaviours difficult to manage. A plan that may include training for staff and input from healthcare professionals were discussed to prevent the level of risk elevating.

There were Deprivation of Liberty Safeguards (DoLS) audits where people had been assessed as lacking capacity and had restrictions on their liberty. These audits were to ensure mental capacity assessments were in place before DoLS applications to the Local Authority were made. The clinical lead told us eight people had DoLS granted. While the audit tracked the progress of DoLS applications, the audits did not capture if DoLS were reviewed or updated when there were changes in the person's capacity.

A registered manager was in post. The registered manager had management responsibilities for another adult social care registered location and two hospital units. The registered manager told us they were on duty at the home once weekly and maintained contact with staff through daily visits and phone calls. They

said a deputy manager was employed to manage the service in their absence and had daily oversight. Staff told us although they had more contact with the deputy there had been improvements since the appointment of this registered manager. For example, increase in staffing levels. A healthcare professional told us they were "disappointed with the lack of direct contact from the registered manager on the last two visits". This professional said the registered manager responded, "by e-mail when our visits are over and we are back in Gloucestershire." The provider responded to this comment following the inspection. They told us "this visit could have been conducted by any member of the nursing team and did not require contact with the registered manager."

People told us their views about the service were sought. They said there were "resident's meetings" and questionnaires were used to gather their feedback. People said the staff helped them complete questionnaires.

The staff told us how the values of the organisation were embedded into their day to day practice. We saw the values of the organisation were on display in the home. A member of staff said, "I follow procedures governed by the organisation and NMC. I am caring, compassionate and the service well led." Another member of staff said that one to one supervisions ensured staff worked within the values of their organisation. They said people were treated with "empathy and as individuals. We give people the freedom to do what they want."

The registered manager said there was an "open-door policy". A member of staff said that senior managers were supportive. They said the staff "team make everyone welcome. We have come a long way. We had good feedback from relatives and other professionals about the care and treatment people receive. I reassure new staff and they like working here. I am honest and open and staff like it I give a rationale why things are done." Another member of staff said, "the team is good, we communicate well and we try and be positive." A third member of staff told us, "absolutely fine. We have basic guidelines that we follow".

The registered manager told us the challenges for the service were recruitment and retention of staff. They said exit interview had identified language barrier as a reason for leaving which they fed back to the provider. The views of staff regarding language barriers were varied as some said these barriers could be resolved with training. The clinical lead told us there was funding for English tuition. The provider had advised that if after induction the staff's English was poor and there was an impact on people then their contract was to be terminated.

The registered manager said retention of staff was discussed with senior managers. They said there was an increase of agency staff because staffing levels were not being maintained with permanent staff. They said there were incentives for long standing staff, relocation packages and professional qualifications were offered. Some staff were returning and a bank staff told us they had returned to work at the service. They said, "I have recommended other staff to come and work here." The clinical lead told us incentive packages were introduced to attract and retain staff.

There was learning from the outcomes of the online reporting of incidents and accidents known as GEMS. The registered manager told us Gems outcomes were discussed at staff meetings and at handovers. There was a debrief from physical intervention used by staff.

Partnership working was being developed. The registered manager told us training from the Local Authority was being accessed to improve partnership working. Commissioners and social workers were invited to annual reviews. There were good working relationships with GP's. There were regular visits from the mental Health team and there are good working relationships with them. People have access to onsite health care

professionals such as podiatry, dieticians and psychiatrist.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Care plans were not person centred, information was conflicting with each other, and guidance for some people was not followed or missing for some areas of need. Some aspects of care provision indicated a task focussed approach to care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	There were no care plan in place for when required medicines (PRN). Records of medicine patch applications did not show that manufacturer guidance was followed.