

## Linthorpe Private Nursing Home

# Linthorpe Nursing Home

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 22 August 2018. The inspection was unannounced, which meant that the staff and provider did not know we would be visiting.

Linthorpe Nursing Home accommodates up to 28 people in one adapted building set across two floors. At time of our inspection there were 20 people using the service.

Linthorpe Nursing Home 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.

When we inspected the service the manager was going through the process of becoming a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered person's'. 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.

Linthorpe Nursing Home was last inspected in January 2018 and was rated overall as Inadequate. We identified six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were related to need for consent, safe care and treatment, premises and equipment, good governance, fit and proper persons employed and staffing.

Following the inspection in January 2018 we asked the provider to complete an action plan to show what they would do, and by when, to improve. We received an action plan from the provider which set out a timeframe for making improvements in all of the key questions. At this inspection we found improvements had been made and many of the concerns we had identified at the previous inspection had been addressed. The service has however, continued to remain in breach of two regulations relating to safe care and treatment and good governance. You can see what action we have asked the provider to take at the back of the full version of this report.

During this visit we identified that some important safety checks and assessments had not been carried out. Including those to prevent legionella and risk assessments in relation to people and staff.

We found some risk assessments for people and for tasks carried out by all staff had not been completed.

This is a breach of Regulation 12 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014 related to Safe care and treatment.

The provider's governance system was not robust. The manager carried out a range of audits however there were no records available of quality assurance audits carried out by the provider or their representative.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014 related to Good governance.

Whilst medicine systems had improved greatly we found there were still some gaps in systems and recordings.

Equipment and premises checks were undertaken to help ensure the environment was safe. We have made a recommendation about window safety within the building.

Infection prevention and control practices were followed by staff to reduce the risk of infection spreading. Contingency plans were in place to deal with emergency situations.

Policies and procedures were in place to protect people from harm such as safeguarding and whistleblowing policies. Staff knew how to identify and report suspected abuse. People and their relatives told us they felt the service was safe.

There were suitable numbers of staff on duty to ensure people's needs were met. Safe recruitment practices were in place. Pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with vulnerable people.

The manager had ensured that staff were scheduled to have or had received training to be able to carry out their role.

Staff were supported through regular supervision and an annual appraisal.

Learning took place following reviews of accidents and incidents where themes and trends were addressed.

People had access to a range of healthcare such as GPs, hospital departments and dentists. People's nutritional needs were met and they enjoyed a varied, nutritional diet that met their preferences. People told us they enjoyed the food.

We have made a recommendation about the records maintained relating to the Mental Capacity Act 2005.

Activities were taking place within the home and the manager was planning to develop these further.

The premises were clean and tidy and were suitable for the people currently living within the home.

People were supported by a regular team of staff who were knowledgeable about their likes, dislikes and preferences. Staff members were kind and caring towards people. People's privacy, dignity and independence were respected. People were supported to maintain personal relationships. The policies and practices of the home helped to ensure that everyone was treated equally. End of life care procedures were in place.

Meetings for staff and people took place regularly. This enabled people to be involved in decisions about how the service was run. The service worked with a range of health and social care professionals to ensure individual's needs were being met. Feedback was sought to monitor and improve the service.

Staff were very positive about the manager. They confirmed they felt supported and were able to raise concerns. A complaints policy and procedure process was in place.

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 had been made and it is no longer rated as inadequate overall or in any of the key questions. Therefore, the 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 always safe.

Control measures to prevent the spread of Legionella had not been put in place.

Risks associated with people's care were not always documented.

Medicines were not always managed and recorded appropriately

Staff had been trained in safeguarding people and were knowledgeable about the potential signs of abuse.

There were enough staff available to meet people's needs.  
Effective recruitment checks took place.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Best interest decisions were not always in place where people were unable to make their own decisions.

Staff received the support and training they needed to effectively care for people.

Staff were knowledgeable about people's needs.

The service worked well with external healthcare professionals to provide on-going support to people.

### Is the service caring?

**Good** ●

The service was caring.

People and their families told us staff were kind and caring. Staff interacted in a caring way with people.

People's independence was promoted.

People we spoke with expressed satisfaction with the service and

said they were well cared for.

### Is the service responsive?

Good 

The service was responsive.

People's care plans provided staff with clear information on how to support people.

Policies and procedures were in place to respond to complaints.

Policies and procedures were in place to provide end of life care.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Audits at provider level had not taken place.

Staff found the manager approachable and supportive.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

We saw that the manager had an open and honest working relationship and a shared vision to improve and develop the service. They responded positively to our feedback on the day of inspection and were open to making changes to improve the service.

# Linthorpe Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection took place on 22 August 2018 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist nurse advisor (SPA) 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.

Prior to this inspection we contacted the commissioners of the relevant local authority, the local authority safeguarding team, the fire service and other professionals who had worked with the service.

We used information the provider sent us in the Provider Information Return. 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.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with nine people and three relatives of people using the service. We reviewed a wide range of records, this included four people's care records and four people's medicines records. We looked at four staff recruitment files. We also reviewed records relating to the management of the service. We spent time observing people in the communal areas of the service.

We spoke with 12 members of staff, including the manager, two nurses, four care staff, an activities co-ordinator, the handyperson, two of the housekeeping staff and the cook.

# Is the service safe?

## Our findings

At the last inspection in January 2018 we found that risks to people were not effectively assessed or acted on. Notifications of incidents had not always been made to CQC in a timely way. Care plans were not consistently or accurately completed. Safe recruitment practices were not in place. Medicines were not always managed safely in line with current best practice. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

We could not be assured from the records made available to us at the last inspection that nursing staff held a valid professional registration with the Nursing and Midwifery Council. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

At the last inspection we found weighing scales had not been calibrated which meant we could not be sure if they were safe to use. We also found freestanding wardrobes had not been safely secured to the walls to prevent injury to people. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and equipment.

At this inspection we found many of the concerns from the last inspection had been addressed. Steps had been taken to ensure the safety of the premises and equipment. Risk assessments had been introduced for people who smoked in the building. Where people smoked in their rooms, new door seals had been fitted and their rooms had been sprayed with a fire retardant to reduce the risk of fire. Weighing scales had been calibrated and wardrobes had been secured to the walls.

We saw risks to people had been assessed in areas such as mobility, falls, use of bed rails, nutrition and hydration, continence and skin integrity. However, some health condition specific risks, such as those relating to hand splints, diabetes, urinary catheter and percutaneous endoscopic gastrostomy (PEG) had not been risk assessed. PEG is a system used where people are having difficulty swallowing foods and fluids.

General risk assessments and control measures for staff covering activities that take part inside and outside of the home, such as for outings or people movement had not been recorded. Staff therefore did not always have the guidance they needed to reduce risk in these areas. The fire risk assessment for the building required reviewing. We discussed this with the manager who told us they would complete and review the requires risk assessments.

Legionnaires disease is a potentially fatal type of pneumonia, contracted by inhaling airborne water droplets containing viable legionella bacteria. In line with legionella regulations employers are legally bound to carry out a legionella risk assessment of the building in which people and staff live and work, where there are more than five employees. This is to ensure that there is no legionella bacteria in the water supplies and that adequate measures are in place to control the risks of legionella bacteria developing in the water supplies. We found that a legionella risk assessment had not been carried out and there was therefore no adequate records of the control measures in place to prevent the development of legionella



bacteria.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to Safe care and treatment. We discussed this issue with the manager during our inspection and they informed us that they would address these issues as a matter of priority. Following this inspection, the manager wrote to us and told us they had arranged for a professional to carry out a legionella risk assessment.

We saw that medicines were mostly managed safely. Medicines were securely stored. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, controlled drugs are medicines which may be at risk of misuse.

Medicine administration records (MARs) contained recent photographs of people to reduce the risk of medicines being given to the wrong person. All the records we checked clearly stated if the person had any allergies. We observed a medicine round and saw staff explained to people what medicine they were taking and why. We observed that people were given the support and time they needed when taking their medicines. Staff who administered medicines had their competency assessed including their completion of MAR charts.

We were told that one person's medicine was crushed. We saw a note in the records stating, 'after consultation with the GP and Pharmacist tablets can be crushed and administered via PEG'; however, we did not see written authorisation direct from the GP and Pharmacist confirming this. The nurse we spoke to regarding this reassured us that they would action this immediately. Pharmacist advice is necessary since the administration involved altering a medicine's licensed presentation, together with administering medicines via a feeding tube.

The service was not using a transdermal patch application form for people prescribed medicines in a patch form. We discussed this with the manager who said they would take action to introduce a form which would include instructions required for the application of patches such as how to rotate them to prevent skin irritation. We identified some gaps in records relating to the use of medicinal creams.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found that the manager had completed monthly medicine audits and no actions were identified. However, these were not robust as they had not identified the issues we found during this inspection. Following our visit the manager wrote to us and informed us that a meeting had been held with the nurses working within the service and the issues we highlighted with medicines during this inspection were being addressed.

People told us they felt safe at Linthorpe Nursing Home. One person said, "I feel safe here, the staff are well trained. I think there are enough staff on during the day and at night. Staff look in on me during the night. I had a few falls at home and came here for respite."

Systems and procedures were in place to keep people free from abuse. Staff understood how to protect people from avoidable harm. They informed us that they were confident the manager would respond to any safeguarding concerns raised.

Safe recruitment practices were in use. Staff completed an application form and any gaps in their employment history were checked out by the provider. Two references were obtained prior to staff starting work at the service. A Disclosure and Barring Service (DBS) check was carried out before staff commenced

work. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people from working with children and vulnerable adults. Records showed that all required checks of nurse's registration had been made.

People and relatives told us there were enough staff on duty to support people with their needs. One person told us, "I get my medication on time." Members of staff were available in the communal areas and we saw that call bells were usually answered quickly. The manager regularly assessed staffing levels were sufficient using a dependency tool.

People were transferred using equipment in a safe and competent manner. Regular checks of hoists and lifting equipment had taken place to ensure the manual handling of people was undertaken safely. Equipment was maintained in line with manufacturer's recommendations. Checks were made regularly on items such as profiling beds, call systems and wheelchairs to ensure they were safe to use. However, we identified there was no guidance for staff as to what setting one person's air flow mattress should be set at. The manager told us they would address this matter.

Records showed that regular maintenance checks of the building took place. A maintenance action plan showed that defects were being reported and signed off when completed. Certificates showed that checks had been carried out in areas such as gas safety and emergency lighting. Equipment such as hoists and electrical items had been checked to ensure that they were working correctly.

A business continuity plan was in place which set out how people's needs would continue to be met in the event of an emergency situation such as loss of power to the home.

The service is provided in a large Victorian house. Whilst window restrictors were in place some windows were located at a height which could potentially be dangerous if a person fell onto them. We recommend that the provider gives consideration to risk assessing all of the windows in the building to ensure peoples safety. We discussed this with the manager who wrote to us following this inspection to tell us this was taking place.

Records confirmed that the fire alarm was tested on a weekly basis. Regular fire drills and evacuations had taken place. People had personal evacuation plans (PEEPs) which informed the staff of how to help them leave the building quickly in case of an emergency.

During the inspection we looked around toilets, shower rooms and communal areas. Infection prevention and control measures were in place. The areas we looked at were clean and free from odour. Two infection control champions were appointed on the staff team to share Department of Health best practice. We saw infection control procedures were being followed by staff in their day to day practices, such as wearing gloves and aprons to reduce the risk of infection. In regard to cleaning supplies and equipment a member of the housekeeping staff told us, "If we ask for anything we need we get it."

Adverse events and the lessons learnt from them were shared with staff. Records showed systems were in place for reporting, recording, and monitoring significant events, incidents, falls and accidents.

## Is the service effective?

### Our findings

At the last inspection of the service in January 2018 we found that staff did not receive support to carry out their roles safely. Staff had not received regular supervision and an annual appraisal, and their training was not up to date. Staff were not supported through their induction programme. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

We also found at the last inspection in January 2018 that staff had not received training and did not have a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The provider was not following legal requirements in regards to DoLS. People's capacity to make important decisions about their lives had not been fully assessed or recorded in accordance with the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found many of the concerns we had from the previous inspection had been addressed, however further improvement was required in some areas.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed the care home was following the requirements of the act in regards to DoLS.

People's right to make choices was respected. Staff routinely asked people for their consent before carrying out tasks with them. Since our last inspection staff had undertaken training in the MCA. They displayed a good understanding of the principles of the MCA and how they should be applied when people were unable to make decisions for themselves. The manager acknowledged that they were still in the process of updating records so they clearly evidenced how the principles of the MCA had been applied. Records were varied, in that some decisions made on people's behalf evidenced an assessment of their capacity to make the specific decision, and how a best interests decision had been determined, whilst others did not. Some records did not include consultation with people, families of other professionals.

We recommend that the provider reviews all records to ensure adherence of the MCA is evidenced.

Some people had made advanced decisions on receiving care and treatment and where this was the case 'Do not attempt cardiopulmonary resuscitation' (DNACPR) orders had been completed appropriately.

Staff received appropriate support to carry out their roles. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they now received regular supervision from the management team. A schedule for staff supervision sessions and appraisals had been

introduced since our last inspection, and was in place for the forthcoming year.

We looked at the staff training matrix and saw a list of those training courses staff had completed. Staff completed training in areas the provider felt key such as fire and safety and health and safety. At the last inspection in January 2018 we identified that staff had not been adequately trained in areas such as infection prevention and control and the MCA and DoLS. At this inspection these gaps in training had been addressed. Staff we spoke with told us they felt they received the required training to carry out their roles safely. A staff member said, "We get loads of training." One person told us, "The staff seem well trained, I've never seen them make any mistakes. They hoist me the way I want them to." Where training gaps were identified the manager had planned sessions for staff to take part in.

At this inspection we saw that inductions for new staff had been completed by the manager. Records showed that newly recruited staff received information on the service's policies and procedures. The manager informed us that they also carried out observations of new staff to ensure they were competent in their roles however these had not been recorded. We discussed this with the manager who told us that they would be recording the observations they carried out with new staff members in the future.

Nurses employed within the service had received training to develop and maintain their clinical skills in areas such as wound care. The manager was looking at how additional support for nurses employed by the service could be provided. The manager, a registered nurse did not currently receive clinical supervision from another health professional or supervision from the provider. They informed us they would discuss the need for this to take place with the provider.

People's needs were assessed before they moved into the home to make sure staff were able to care for the person and had the equipment to ensure the people's safety and comfort. Where a support need was identified a care plan was developed setting out how it could be met. People's needs and plans of care were reviewed and updated at least once a month to ensure they reflected people's current support needs and preferences. One person told us, "I was in a bleak place when I came here, but good food and care helped me rise."

People were supported to maintain a balanced diet and had a choice of areas where they could eat. One person told us, "The food is lovely, all homemade and plenty of choice. They would change it, if you wanted them to." We saw one person's care file noted that the person had 'a box filled with their favourite treats - staff to offer these'. On the day of the inspection we saw the person was offered a bag of crisps from the box, which the person thoroughly enjoyed. We asked people about meals, snacks and beverages and the response was positive. Staff consulted with people on what type of food they preferred and ensured foods were available to meet people's diverse needs. Meal times were not rushed. The cook ensured where people had soft diets these were presented in an attractive way.

The catering staff we spoke with were knowledgeable about specialist diets and provided for specific needs such as pureed or fork mashable diets. The service did not have any pictorial menus for people and a menu written on a white board in the dining area was difficult to read. The cook informed us during the inspection that menus were to be printed to go on tables.

Staff monitored some people's weights and their food and fluid intake to minimise the risk of malnutrition or dehydration. One person told us staff supported them with this. They said, "Staff always bring me drinks, I need them more regularly because of my condition." We saw however, that improvements were needed in this area. For example, one person's fluid intake chart recorded the fluid they were taking each day, but their fluid intake goals and totals were not recorded. Charts were not fully completed and analysed, which

showed staff may not have been effectively monitoring people's intake in order to take the required action if needed.

PEG is a procedure to place a feeding tube through the skin and into the stomach to give the nutrients and fluids needed, if people are not able to eat or drink. We saw a care plan which detailed one person's PEG regime, however this information differed from the dietician's written recommendation. We discussed this with the manager who said they would contact the person's dietician immediately to clarify the amounts to be given.

People were able to access external professionals to maintain and promote their health. They had access to healthcare services when needed and their healthcare needs were met. Where needed, staff supported people with routine health care appointments. People's records contained information on communication with professionals such as GPs, dietician, physiotherapists, occupational therapists, chiropodists and opticians. Care plans reflected people's needs and clearly showed where referrals to healthcare professionals had been made. For example, for one person records showed that that advice had been sought from an occupational therapist in regard to achieving a better posture for a person to sleep.

The premises were suited to the current needs of the people living within the home. People were able to meet privately with friends or relatives. People's bedrooms were personalised with people's belongings to make them feel at home. Areas of the building had been redecorated since the last inspection and some new carpets had been fitted however the manager recognised that further improvements to the building would be beneficial to the people supported.

## Is the service caring?

### Our findings

People told us they felt staff were caring and they were happy living in the home. One person said of the staff, "If I am worried I can go to them. I get frustrated sometimes and they help me." Another person said, "It's good here, no complaints, the staff are lovely. They are good and reply to my buzzer within 5 minutes." People told us they had good relationships with staff. One person said, "All the staff here are marvellous, they are more or less like family. I don't call this a room, I call it my home." Another person said, "Staff are so lovely, I don't call them carers, I call them friends."

The feedback we received from relatives was mostly positive. One relative said, "[Name of person] was a different person within a week of coming here. She lived in 4 different homes before she came to this one. This was by far the best. Superb care, dedicated carers, genuinely caring place. Me and my family can go to work and know mum is safe and secure and well cared for." Another relative told us, "Sometimes we're not approached with much information, staff don't interact."

We saw staff providing support in a kind, caring manner. One person told us, "I get treated with respect and dignity." We observed that staff showed respect for people for example knocking on doors before entering. One person told us, "When I've got family here, they [the staff] respect my privacy."

One person said, "Staff are caring, for example, if you're not feeling well they get you extra drinks and they look in on you regularly." Where people were anxious or in need of comfort we saw that staff interacted with them in a compassionate way.

We saw people smiling and laughing with staff. Members of staff explained what they were going to do before doing it and patiently gave people time to think and respond. The staff we spoke with were able to give a detailed history of people who used the service, including their likes, dislikes and the best way to approach and support the person. We observed very positive interactions between staff members and people supported. For example, we saw one staff member checked with a person that they'd hung the persons pictures in their bedroom how the person wanted it to be hung. The staff member also asked the person how their relative was doing after an operation and spent time listening to the persons response. They clearly knew the person and what was important to them well.

We saw that care staff routinely ensured people could make their own choices, for example of meal, snack or drink. We saw people being offered a range of options. One person told us how they could choose to have either a bath or shower depending on how they were feeling.

Staff made sure each person was aware of the options available to them. They ensured they communicated well with people in different ways such as getting the person's attention and repeating back information in a simplified manner if it had not been understood.

One person told us, "I would say that I'm listened to and my views are taken into account. When I get a letter, staff are good, they will explain what it's all about to me."

The staff we spoke with had a good understanding of the importance of promoting independence. We observed that they supported people to be independent, giving them time and encouragement to complete tasks. People were able to move freely around the home. Some people used walking aids and staff monitored people but enabled them to be as independent as possible.

Staff had completed or were booked on to training in equality and diversity and the provider had an equality and diversity policy. Staff told us that at the current time everyone living at the home had a similar ethnic background and religious beliefs. Information regarding people religious and cultural needs was gathered prior to admission. The manager told us that where people had an identified need or preference in this area it would be recorded within the person's plan of care. One person told us how staff helped them practice their religion.

Staff told us, and relatives and records confirmed that people were also supported to maintain contact with their family and friends.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

## Is the service responsive?

### Our findings

At the last inspection in January 2018 we identified that the service was not responsive to people's individual needs. People did not always receive care which was in line with their needs, wishes and preferences. We found that people's care plans were not always accurate or reflective of their individual needs. Care plans were difficult to follow and had not always been reviewed regularly. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

At this latest inspection we found that improvements had been made in these areas.

Since the last inspection people's plans of care had all been rewritten and we saw a significant improvement in these. Care plans were detailed, easy to follow and provided staff with guidance about the best way to support people. Plans reflected people's individual identities. The care files we looked at contained a social history of each person which covered areas such as their education, where they worked and hobbies and interests.

Communication care plans were in place and were appropriate for the person. We saw information for staff to follow in relation to how they engaged with people, helping to ensure that people living with communication needs could still be engaged in decision making and positive interaction. For example, one person's care plan stated, 'staff to assess [person] during care intervention to determine if there are any signs that they may be in pain, on occasions [person] grinds their teeth which could mean they were in some discomfort, staff to talk to [person] and explain to them what they are going to do, it is difficult to say whether they understand what is being said to them, staff to observe body language for signs of pain or discomfort'.

Handovers were undertaken before staff started on shift. These provided staff with the opportunity to gather the up to date information they required to support people. Staff recorded how people had been throughout the day and overnight and records included information about care and support that had been given.

At the last inspection in January 2018 we found that people did not have access to meaningful activities which reflected their personal preferences and interests. There was no evidence that activities were being provided for people. At this inspection we found that an activity coordinator was now employed to work two days a week with people. Activities undertaken had included a singer visiting, arts and crafts, planting seeds and growing strawberries. One person went out daily to the local community centre and people accessed the local shops.

Records showed that often only three people of the 20 living in the home were choosing to take part in activities. Some people told us they did not want to join in with some of the activities on offer. The activities coordinator told us that they were hoping to develop activities available to people including for those people whose needs were more complex. Records had not been kept of any one to one activities



undertaken with people unable to leave their bedrooms to participate in group activities however people and their relatives told us that these took place. The manager told us that activities was an area they were looking to develop further particularly for those people who did not want to join in with group activities.

Regular meetings were held with people and their relatives and the manager had sent out a survey to gather people's views on the service. The completed surveys we viewed were mostly positive about the service. Staff told us that they thought the manager listened to their views and acted upon their suggestions to improve the service.

At the last inspection in January 2018 we identified that complaints were not being recorded. At this inspection we found that complaints were managed and recorded appropriately with their outcomes documented. A comments box was available in the entrance hall. One person told us, "I would see the carers or the manager if I had any concerns, but I don't have."

Staff told us that if people required information providing in a different format for example in large print this would be provided on an individual basis in consultation with the relevant professionals.

There was no one receiving end of life care at the time of this inspection. We saw in care records that end of life care plans were in place for people, with terminal and life limiting illnesses which meant information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected.

## Is the service well-led?

### Our findings

At the last inspection in January 2018 we identified that the provider had not notified CQC of all significant events, changes or incidents which had occurred at the home in line with their legal responsibilities. This was a breach of Regulation 14, Regulation 18 of the Care Quality Commission [Registration] Regulations 2009.

We also found at the last inspection that staff felt the previous registered manager was not supportive of them. An ineffective auditing system was in place which meant the provider and registered manager did not have adequate oversight of the service. The provider's policies and procedures did not take into account guidance and best practice from expert and professional bodies. Ineffective procedures were in place to record complaints. The provider did not seek regular feedback from people and relatives. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. We saw that the current manager had reviewed the governance systems used within the service and had put new and updated systems in place. The new governance system included audits of the kitchen and medicines, checks of care charts and checks of the building. Whilst the audits were ongoing and could evidence that action was being taken, at the time of the inspection the system had not picked up on the shortfalls in the assessment of risk, management of medicines and record keeping which we identified at this inspection.

Whilst it was evident that the manager had implemented a range of audits there were no records available of audits carried out at provider level. The manager told us the registered provider visited the service every six to eight weeks however there was no record of an audit taking place and the manager had not received supervision from the provider or their designated representative.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. At this inspection we saw that the manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

At the time of this inspection the manager was going through the CQC process to become a registered manager. We received very positive feedback on the manager from people supported. One person told us, "The manager is lovely, brilliant." Another said, "I would see the manager if I had any concerns, she is very approachable. The place is very well managed it has a good atmosphere here the staff know what they are doing." A relative told us, "The staff are unbelievable, this home helps families as well as we can relax, knowing that people are looked after."

Staff told us they received the support they needed from the manager. Staff told us the manager was approachable and was a visible presence in the home. One staff member said, "It's a lot better now in how

things are run." Another said the manager was "very kind and approachable".

One professional told us 'I have seen a huge improvement in both knowledge base and environmental conditions. The staff have become a well ordered team that is receptive to changes and suggested improvements.'

Records showed that a range of policies and procedures had been developed for the service covering areas such as infection prevention and control and recruitment and selection. At the last inspection it was evident that policies did not refer to guidance and best practice from professional bodies such as the National Institute for Health and Care Excellence (NICE). We could see that the policies that had been completed by the service referred to up to date best practice and guidance. The manager informed us that there was further work to undertake in the area of policy development including completion of the service's medicines policy.

Meetings for staff were held at regular intervals. Minutes were maintained and made available to staff. These detailed the matters discussed, actions that needed to be taken and by whom. Records showed that staff were given opportunities to share their views and contribute to the development of the service. Care issues were discussed within team meetings so that staff were kept well informed about the needs of people who used the service. A member of staff told us, "Our suggestions are listened to, we're a team now."

People living within the home had group meetings. These meetings gave people the chance to give their views on the service being provided. Meetings for people covered areas such as food and activities.

Feedback was sought from people and their relatives through surveys and informal chats. This enabled people to be involved in decisions about how the service was run.

The service was working in partnership with other health and social care agencies to meet people's needs. Records showed that where advice had been given by external agencies the manager had ensured the advice was followed.

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
Diagnostic and screening procedures	The provider failed to assess the risks to the health and safety of service users of receiving the care or treatment; and to do all that is reasonably practicable to mitigate any such risks.
Treatment of disease, disorder or injury	

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider failed to have effective systems in place to monitor the quality of the service.
Treatment of disease, disorder or injury	