

Shankar Leicester Limited

Longcliffe Nursing Home

Inspection report

300 Nanpantan Road
Nanpantan
Loughborough
Leicestershire
LE11 3YE

Date of inspection visit:
18 October 2017

Date of publication:
09 March 2018

Tel: 01509236256

Website: www.longcliffenursinghome.co.uk

Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 16 October 2017.

At our last inspection on 3 and 6 February 2017 we found two breaches of legal requirements and rated the service as Requires Improvement. After this inspection the provider wrote to use to say what they would do to meet legal requirements in relation to a breach in Good governance and Requirement as to display ratings. At this inspection we found the service had made some of the required improvements. However the rating for the service remained Requires Improvement. We found two continued breaches of the regulations.

Longcliffe Nursing Home provides accommodation, care and support for up to 42 people who require personal care. During our inspection 18 people were using the service. The home is located on two floors with lift access to both floors.

The service had 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 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.

People's equipment was regularly checked, however actions to repair equipment were not always carried out. Audits on the environment had not always been recorded to show checks had been completed. There were plans to keep people safe during significant events such as a fire.

People were protected from the risk of harm because staff knew their responsibilities to keep people safe from avoidable harm and abuse. Staff knew how to report any concerns they had about people's welfare.

There were effective systems in place to manage risks and this helped staff to know how to support people safely. Where risks had been identified control measures were in place.

There were enough staff to meet people's needs. People sometimes had to wait for support however staffing levels had been assessed and staff could respond to people's requests for support. The provider had safe recruitment practices. This assured them that staff had been checked for their suitability before they started their employment.

People's medicines were handled safely and were given to them in accordance with their prescriptions. Staff had been trained to administer medicines and had been assessed for their competency to do this.

Staff received appropriate support through an induction, support and guidance. There was an on-going training programme to ensure staff had the skills and up to date knowledge to meet people's needs.

People received enough to eat and drink. Records of what people had eaten were not accurately recorded. They had access to a variety of meals, snacks and drinks.

People's health needs were met. This is because staff supported them to access health care professionals promptly. Staff also worked with other professionals to monitor and meet people's needs and support them to remain well.

People were supported to make their own decisions. Staff and managers had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that assessments of mental capacity had been completed; however these had not been reviewed and were not always based on a specific decision. Staff told us that they sought people's consent before delivering their support.

People were involved in decisions about their support. They told us that staff treated them with respect, however there were times when people were not always treated with dignity. Staff usually treated people with kindness and compassion.

People received care and support that was responsive to their needs and preferences. Care plans provided information about people so staff knew what they liked and enjoyed. People were encouraged to maintain and develop their independence. People took part in activities they enjoyed. People did not always participate in reviewing their care plans.

People and their relatives knew how to make a complaint. The provider had a complaints policy in place that was available for all.

People and staff felt the service was well managed. The service was led by a registered manager who understood most of their responsibilities under the Care Quality Commission (Registration) Regulations 2009. Staff felt supported by the registered manager.

Systems were in place which assessed and monitored the quality of the service. These had not always been recorded and did not always identify areas for improvement. People were asked for feedback on the quality of the service that they received.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is

still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We identified that provider continued to be in breach of two of the Regulations of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. You can see the action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe. However repairs on equipment had not always been completed.

There were sufficient numbers of staff to meet people's needs. However, there were times when staff were not present in the communal areas. The service followed safe recruitment practices when employing new staff.

People's medicines were handled safely and given to them as prescribed. Staff were trained and deemed as competent to administer medicines.

Requires Improvement ●

Is the service effective?

The service was not effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were encouraged to make decisions about their support and day to day lives. Staff asked for consent before they supported each person. Assessments to make sure people could make their own decisions were not always reviewed or based on a specific decision.

People were encouraged to follow a healthy diet. Records of what people had eaten were not detailed. They had access to healthcare services when they required them.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

People were usually treated with kindness and compassion from staff. Their privacy and dignity was respected most of the time;

Requires Improvement ●

however we saw examples of care where people's dignity was not respected. People were supported to be independent.

People were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed. Care plans provided information for staff about people's needs, their likes, dislikes and preferences. People were not always involved in reviewing their care.

There was a range of activities that people participated in.

There was a complaints procedure in place. People felt confident to raise any concerns.

Is the service well-led?

Inadequate ●

The service was not well led.

There was a range of audit systems in place to measure the quality and care delivered. These had not always been completed and had not always identified areas for improvement.

Staff were supported by the registered manager and felt that they were approachable. Action had been taken to improve the governance within the service and there were noted improvements.

People had been asked for their opinion on the quality of the service that they had received.

Longcliffe Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 16 October 2017 and was unannounced. The inspection was carried out by two inspectors 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 our inspection, we reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We reviewed information we held about the service and information we had received from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback.

We reviewed a range of records about people's care and how the service was managed. This included six people's plans of care and associated documents including risk assessments. We looked at six staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, the provider, a senior care worker, three care workers, a domestic assistant, an activity co-ordinator and the cook.

We spoke with eight people who used the service and three relatives who were visiting on the day of our inspection. This was to gather their views of the service being provided. We observed staff communicating with people who used the service and supporting them throughout the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection carried out on 3 and 6 February 2017 we rated the service as Requires Improvement in the safe domain. People were not always receiving their medicines safely, risks to people when receiving care had been identified, however these had not always been assessed to reduce the risk and staff were not always recruited following the provider's procedures.

At this inspection we found that the provider had made the required improvements. However, we found some other areas where improvements were required.

People received their medicines safely. One person told us, "My medicines come in a little pot three times a day and they watch me take them." The provider had a policy in place which covered the administration and recording of medicines. We observed people taking their medicines and saw that staff followed the policy and good practice. Staff told us they were trained in the safe handling of people's medicines and records confirmed this. This included staff being observed giving medicines to ensure they were competent and working at the expected standards. One senior care worker we spoke with told us they had received additional training from the diabetic nurse to enable them to administer insulin to those who needed assistance with this task. Staff could explain what they needed to do if there was a medication error and this was in line with the provider's policy.

Some people had prescribed medicines to take as and when required, such as to help with any pain that they had. There were guidelines for staff to follow that detailed when these medicines could be offered to people. The senior care worker was able to explain how they assessed if people were in pain when they could not tell staff verbally. They were able to describe the signs and symptoms people displayed when medicines for pain relief were needed. We looked at the medicine administration records and found that these had been completed correctly.

Regular checks had been carried out to make sure medicines were given and recorded correctly, and remaining medication tallied with the stock held. Actions identified from audits were recorded on action plans and signed off when completed. Medicines storage was neat, tidy and secure which made it easy to find people's medicines.

People were cared for by suitable staff because the provider followed safe recruitment procedures. This included obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. These checks had taken place for staff who had been recruited since our last inspection.

Staff knew how to reduce risks to people's health and well-being. Risks associated with people receiving support had been assessed and reviewed. For example, where a person may need help with repositioning. There were guidelines in place for staff to follow. These included making sure the correct equipment was used to assist the person and staff having been trained to support the person safely. Where someone had

behaviour that may be deemed as challenging plans were in place so staff responded consistently. The plans identified triggers and ways to support the person to diffuse the situation. Staff told us they were confident in following these plans. This meant risks associated with people's support were managed to help them to remain safe.

Where people used equipment such as hoists, the required checks had been completed to make sure that these were safe for people to use. However, work required to fix the equipment had not always been completed. Checks were carried out on the environment and equipment to minimise risks to people's health and well-being, these were not always recorded. This included checks on the safety measures in place, for example, fire alarms, as well as the temperature of the hot water to protect people from scald risks. We identified the water temperature for one room was reaching a temperature of 61 degrees. The water needed to reach high temperatures as it was used to clean soiled items. The room where this sink was did not have a lock on it which meant people could be at risk of scalding themselves. The registered manager agreed to get a lock put on this room. The registered manager told us they did a regular walk around the service and would make sure these were all recorded. Fire drills had taken place so staff knew the evacuation procedure if this was needed. Each person had a personal evacuation plan which was tailored to their needs and the support that they would require in the event of an emergency.

People told us there were usually enough staff to meet their needs safely but they felt there sometimes seemed to be limited staff members available. One person told us, "They are often short staffed." A relative commented, "At times there really don't appear to seem enough of them and they do several jobs." Staff told us they felt there were enough staff to meet people's needs, although they were often asked to cover additional shifts. The registered manager told us they had agreed staffing levels based on the needs of people who used the service. They explained if a member of staff was unable to work they would approach other staff to ask them to cover the shift. The rota showed suitably trained and experienced staff were deployed based on the staffing levels the registered manager had agreed. We saw there were times when staff were not always present in the communal areas. This was particularly noticeable during lunchtime when there were very few staff in the dining room. This was because a number of people had their meal in their room so staff were making sure everyone had their meal. However, staff responded to people's requests in a timely manner.

People told us they felt safe while receiving care from staff at Longcliffe Nursing Home. One person said, "It feels safe here. Someone is there to help me if I need them." Another person commented, "I don't really have to worry about anything here – not like I did at the last care home." A relative said, "I have complete peace of mind when I leave here. [Person] is in good hands and well taken care of."

People were protected from abuse and discrimination because they were supported by staff who knew their responsibilities to keep people safe from avoidable harm and abuse. The provider had guidance available to staff on how to report any concerns about people's safety. Staff we spoke with had an understanding of types of abuse and what action they would take if they had concerns. They told us that they would report any suspected abuse immediately to the manager or external professionals if necessary. One staff member said, "I would tell [registered manager] or [deputy manager]. If necessary I would tell safeguarding." The actions staff described were in line with the provider's guidance. Staff told us they had received training around safeguarding adults. Records confirmed this.

The provider had systems in place to report and record any incidents or accidents at the service. Staff we spoke with knew how to use these. Details of any incidents or accidents were reviewed including actions that had been taken. The registered manager notified other organisations such as the local authority to investigate incidents further where this was required.

Is the service effective?

Our findings

At our last inspection carried out on 3 and 6 February 2017 we rated the Effective Domain as Requires Improvement. People were not always receiving care in line with the Mental Capacity Act 2005 (MCA), capacity assessments had not been completed fully, people's relatives were being asked to make decisions they were not authorised to do, food charts did not always record exactly what people had eaten and where people required a specialised diet this was not always followed.

At this inspection we found that the provider had made some of the required improvements. However, we found some areas where further improvements were still required.

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

Where people were not able to make their own decisions mental capacity assessments had been completed. However, these were not always based on a specific decision. The assessments had also not been reviewed to ensure they were still relevant. The registered manager told us this was an area they were working to develop and were being supported by the local authority to complete assessments in line with the MCA. Care plans included information about each person's ability to make their own decisions.

Family members had been asked to agree to their relative's care without having the legal authority to do so. For example, one care plan recorded that one relative had said [person] should not have a flu jab and had agreed to the person's care plan on their behalf. They did not have the legal authority to do this. We discussed this with the provider. They told us they would follow up with the relatives to make sure they had evidence of any legal authority the family had to make these decisions.

DoLS had been requested for people who may have been at risk of being deprived of their liberty. The registered manager showed an understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority.

People told us staff asked them for their consent before supporting them. One person said, "I tell them what I want doing." Staff were able to demonstrate they had an understanding of the MCA and that they worked in line with the principles of this. This included supporting people to make their own decisions and

respecting their wishes. Staff understood the need to respect people's choices. One person told us, "The staff know me well and if I don't want to do something they know not to carry on asking." Staff asked people if they wanted help before supporting them throughout our visit.

Where people had been identified as being at risk of malnutrition food charts were in place to monitor what they had eaten. However, these did not accurately record what people had to eat as they did not consistently record the quantities people were given. Staff had recorded that one person had liquidised chicken, mashed potatoes and vegetables. It did not say how much of each item had been given. People's dietary intake was not being effectively monitored where they were at risk of malnutrition.

People had access to a choice of meals, snacks and drinks. They told us that they liked their meals and were happy with the choices available to them. One person said, "The food here is good. They know what I like and always give me something else if it is fish." Another person said, "I never feel hungry here." A relative commented, "I think the food is good. [Person] has put in weight since being here." Where someone had a dietary need such as a soft diet this was provided. The cook told us they had information about people's dietary needs and made sure their meals were prepared in line with their assessed need. Staff were aware of people's needs and preferences in relation to eating and drinking. The registered manager and the cook told us the menus were based on what people had said they wanted to eat in resident's meetings.

Throughout our inspection people were offered snacks and drinks. Most people had their meals in their rooms. Only six people ate in the dining room and there was very limited interaction between the people. As there was limited staff available in the dining room they did not encourage interaction. People were offered a choice of meals. They had chosen their meal the previous day but were offered an alternative when they could not remember what they had chosen. The kitchen assistant offered people support by asking them if they wanted their meals cutting into manageable sized pieces. People were offered second helpings. Specialist equipment was used so people could eat their meal independently.

New staff were supported through an induction into their role. Staff described how they had been introduced to the people who used the service and had been given time to complete training, read care plans and policies and procedures. They also said they had shadowed more experienced staff before working alone with people. Records we saw confirmed this had taken place. The registered manager told us they used the Care Certificate for new staff members once they had been in their role for three months. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This should be completed within the first twelve weeks of employment.

We recommend the provider encourages staff to complete the Care Certificate within the first twelve weeks of their employment to make sure they have the skills and knowledge they require to work competently in the home.

People felt they were supported by staff who had the skills and knowledge to meet their needs. One person told us, "The staff do a good job. They know what to do." Staff told us they received training to help them to understand how to effectively offer care to people. One staff member said, "I think we have done the training we need to make sure we know what we are doing." Training records showed staff had received training that enabled them to meet the needs of people who used the service and this was refreshed to make sure staff's knowledge was up to date. The registered manager showed us a training plan which covered subjects including food safety, safeguarding, medication, infection control, dementia care, equality, diversity and human rights.

People were supported by staff who received guidance and support in their role. There were processes in place to supervise staff to ensure they were meeting the requirements of their role. Supervisions are meetings with a line manager which offer support, assurance and learning to help staff to develop in their role. Staff told us they had regular supervision meetings and felt supported. One staff member told us, "I have supervision regularly. Sometimes it is a group supervision." The registered manager had a plan for supervision meetings with staff to make sure these took place.

People were supported to maintain good health and could access health care services when needed. One person told us, "The GP comes regularly. If I need to see him I am put on the list." A relative confirmed that people had access to healthcare. They said, "[Person] sees the chiropodist, GP and District Nurse regularly." Staff were aware of people's health needs and told us they reported any changes in people's needs to the registered manager or senior on duty who would make appropriate referrals to other professionals if required. Details of communication with health professionals and outcome's from appointments had been recorded.

People's weight was monitored monthly or more frequently if requested by a health professional. If there were any concerns about a person losing or gaining weight advice was sought.

Is the service caring?

Our findings

At our last inspection carried out on 3 and 6 February 2017 we rated Caring as Requires Improvement. People were not always treated with dignity and respect, staff did not always keep information about people private and people were not sure if they had been involved in developing their care plan.

At this inspection we found that the provider had made some of the required improvements.

People were still not sure if they were involved in developing their care plans. One person said, "I don't remember them asking me about my likes and dislikes but they know me well enough now to know them." Another person commented, "I know they are always writing in their folders when they do something for me so I guess it is about me. That is their business. I leave them to it." The registered manager said they asked people and relatives for feedback when they were developing a care plan.

People's preferences and wishes were taken into account in how their care was delivered. For example routines they wanted to follow were recorded. Information had been gathered about people's personal histories, which enabled staff to have an understanding of people's backgrounds and what was important to them.

People's sensitive information was kept secure to protect their right to privacy. The provider had a policy on confidentiality and staff followed this. Care records were locked away in secure cabinets when not in use. Staff talked about people's care requirements in private and away from those that should not hear the information.

People were mainly supported in a dignified and respectful manner. One person said, "They hold a towel up or look the other way if they need to." Another person told us, "They always knock or call out before they come into my room." Staff told us how they promoted people's dignity. This included making sure people were covered during personal care and knocking on the door before entering a person's room. We saw staff were doing this throughout our inspection. However, we also saw one person had eaten their lunch and spilt some of this. A staff member talked to the person and cleared their plates away. They did not offer to help the person to change their clothes to make them more comfortable to preserve their dignity. Another person was supported to have their hair washed. They were cared for in bed. Staff did not dry the person's hair to make them more comfortable.

People were usually involved in making day to day decisions about their care. One person said, "I can choose what time I get up, I like to go to bed at 10pm each night so that is what happens." However, another person told us they wanted to get up but as they needed more staff to support them this was left to later in the day. They said, "What can you do. They are just so busy." A relative commented, "[Person] has choice about what they do, when they do it, if they do it and how they do it." This included decisions about meals, going out, and attending activities. Staff explained they offered people choices about their care. One staff member said, "We ask people what they want to do. If they don't want to do something that is up to them." Throughout the day of our visit people were asked if they wanted support with things such as changing their

clothes or what they wanted to eat.

People and their relatives were positive about the support that they received and the caring nature of staff. Comments included, "They are very kind when they help me wash and dress. They do their job well." "[Person] is in good hands," "The staff seem very friendly and capable here," and "The staff are very kind." Staff demonstrated their passion and commitment to improve the welfare and wellbeing of people who used the service. One staff member said, "I enjoy this job. It is all about the people here and what we do for them."

Throughout the day of our inspection visit, staff mainly interacted with people in a warm and kind manner and took time to talk to people before proceeding with tasks. They enhanced their verbal communication with touch and altering the tone of their voice appropriately.

People had the support they required to be as independent as possible. One person told us, "I like the way they let me get on with as much as I can do on my own. I am rather independent and always have been so I appreciate that." Another person said, "I like that they let me do as much as I can for myself before they step in to support me." People were encouraged to maintain the skills they already had and to complete tasks they could do themselves. For example, people were encouraged to eat independently where they could.

People's views, beliefs and values were respected. For example, people were supported to follow their culture. One person told us, "There is a church service here regularly." People were supported to access their place of worship if they wanted to do this. Care plans considered people's culture and beliefs and ways to support them to meet these.

People's visitors were made welcome and were free to see them as they wished. One person told us, "My whole family can visit anytime they like. (Not all at the same time!) and my grandchildren love to visit." A relative commented, "I am certainly always made to feel welcome and soon have a cuppa if I want one." The visitor's book showed people were free to visit during the day and evening and had done so.

Is the service responsive?

Our findings

At our last inspection carried out on 3 and 6 February 2017 we rated the Responsive domain as Requires Improvement. People were not always involved with the reviews of their care plans and some people felt they were not able to raise concerns.

At this inspection we found that the provider had made the required improvements.

People had been offered the chance to be involved in reviewing their care plans. One person told us, "I leave all of the care planning to my daughter." A relative said, "My sister gets told everything that happens when things change." The registered manager told us people and their relatives were invited to a review of their care plan at least once a year, or if their needs had changed. They told us people were asked for their views on their care. Care plans had been reviewed monthly or when someone's needs had changed. The reviews did not show if the person or their relatives had been involved or if they had been asked for their feedback.

People told us they would speak with staff or the registered manager if they were worried or had any concerns. One person said, "I know the management are very approachable if I ever did want to complain, but to be honest I haven't needed to." A relative told us, "If there is anything [person] is not happy about she is not worried about speaking up." There were procedures for making compliments and complaints about the service and these were displayed so people and their relatives had access to them. The complaints log showed that only one formal complaint had been received from a relative since our last inspection of the service. We saw that the complaint had been investigated and a response sent to the complainant within a few days of receiving the complaint.

People received care that met their individual needs. A relative told us, "I think they do well to get [person] to do as much as they do." People's care plans included information about the activities and level of support people required. People's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met.

People were offered activities to provide them with stimulation. One person said, "I really enjoy the activities. We play games in the lounge and some of us get quite competitive." Another person commented, "We do sitting exercises sometimes." On the day of our visit the activities co-ordinator carried out a group exercise activity and spent time with some people on a one to one basis. The activities co-ordinator told us, "If I find two people who I feel will get on but they want to stay in their rooms I try to organise something we can do together." They explained about upcoming activities which included a 1950's event and a therapy animal coming to visit.

Activities had been planned for the month and these included games, pampering sessions and a church service. Pictures around the service showed things people had been involved in. These included arts and crafts, celebrating events such as birthdays and attending the Twilight games. These were organised by Leicester and Rutland sport. The service had won an award for how they had adapted the games to suit people's abilities. The activities co-ordinator told us people still enjoyed playing the games.

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded. People's progress was monitored and any follow up actions were recorded.

Is the service well-led?

Our findings

Since September 2013 we have carried out five inspections. These were carried out in September 2013, April 2014, December 2015, June 2016 and February 2017. At each of these inspections we found the provider was not meeting one or more of the regulations outlined in the Health and Social Care Act 2008. The provider has not been compliant with Regulation 17 Good Governance in four out of the five inspections making this a continued breach. The service has not met CQC regulations since September 2013. We have taken this into account when considering our rating in this area.

At our last inspection carried out on 3 and 6 February 2017 we found breaches of regulations. Regulation 17 Good governance, the systems and processes in place did not enable people to receive a quality service and resulted in a number of concerns, and Regulation 20A Requirement to display performance assessments. We required the provider to make improvements and they submitted an action plan setting out what they were going to do.

At this inspection we found that the provider had made some of the required improvements.

The most recent rating from CQC was not displayed on the provider's website. It was displayed in the service on the day of our visit. This is a requirement under the regulations. We had raised this at our last inspection and taken action against the provider. However, they continued to fail to display their rating on their website.

This constituted a continuing breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Requirement as to display of performance assessments.

Records relating to the care people had received were not always completed fully. Improvements had been made to charts which showed how often people were supported to be repositioned to reduce pressure on their skin. The registered manager reviewed these on a regular basis to ensure they were completed correctly. However, records to show what people ate and drank were not always completed fully. These did not include information about the amount of food or fluid which had been given. Where a person has been identified to be at risk of not having enough to eat or drink these records are very important to show if they are receiving enough nutrition. This had been raised at our last inspection and the registered manager had not taken steps to improve the recording where people were at risk of malnutrition.

Care plans had been reviewed each month. Most of the information recorded in the monthly evaluation of the care plan had been updated so the care plan was based on the person's current care needs. However there was information which had been recorded in the evaluation notes and not on the care plan itself. For example, one person's evaluation notes said they should have loose clothing to reduce the risk of damage to their skin. This information had not been included in the care plan to give staff this important information. The care plan had been updated since the evaluation and the information had not been included. Staff would have to read the notes from the evaluation in order to determine what had changed for the person. This means guidance about people's current needs was not always identified in their care

plan. The registered manager told us they were in the process of reviewing and updating some of the care plans to make sure all information from monthly reviews was included in the documentation.

The provider monitored the quality of care at the service and aimed to improve this. The registered manager carried out audits on topics such as medicines, care plans, and environment checks. We found not all audits had been completed when they were supposed to be or been recorded. For example, audits on the environment were not always completed. Records to show that all maintenance checks had been carried out had not been fully completed and actions needing to be in place had not been followed up. For example, following a check on a hoist, which is used to help staff move people safely, on 11 September 2017 the engineer said this needed fixing. The work to complete this had not been carried out. The registered manager told us they were not aware of this work needed to fix this piece of equipment and would follow it up. This had not been identified by the audits in place. The provider told us the checks were being carried out and they would ensure these were recorded. They told us they thought the introduction of a new audit had meant they did not need to complete the other environmental audits although these were looking at different areas of the environment.

Actions taken to reduce the likelihood of something happening again or to improve service delivery had not always been recorded. For example, one member of staff had received disciplinary action for not completing their role correctly. The outcome of this had not been recorded. The registered manager told us they would record outcomes of all actions taken.

This constituted a continuing breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Policies and procedures had been updated and were in place for staff to access. These included a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns which were in line with the provider's whistleblowing policy. One told us, "I know I can go to CQC or the council."

People told us they were pleased with the service they received and the manager was approachable. One person said, "The staff and management seem very approachable. The manager is often very busy in their office." A relative said, "I have peace of mind leaving [person] here." Staff told us they felt the service was well led. One staff member said, "[Registered manager] has made changes. She is there to support us."

People and their relatives had opportunities to give feedback to the provider. A quality survey had been completed in 2017. The feedback from this was generally positive with 87% of respondents saying they were pleased with living at Longcliffe Nursing Home. People were also asked for their feedback as part of residents meetings. One person told us, "There is a meeting here tomorrow. I have been to them before." People had been asked for their opinion on the food, activities and any other areas they wanted to discuss. Actions had been set following the meeting.

Staff told us they attended regular team meetings and felt supported. These provided the staff team with the opportunity to be involved in how the service was run. One staff member commented, "We can raise any issues and discuss any problems we have at the staff meeting." Minutes showed topics such as staff conduct, good practice and training had been discussed.

The registered manager was aware of most of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the

provision of care and support to people. The registered manager had informed us about incidents that had happened. However the registered manager had not notified us when someone had a DoLS application agreed. This is a notification that they are required to make. Since the inspection the registered manager told us they would submit the required notifications in relation to DoLS applications and submitted these.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a)</p> <p>There was a failure to maintain an accurate, complete and contemporaneous record, including a record of the care and treatment provided to people who used the service.</p> <p>The provider did not assess, monitor and improve the quality and safety of the service.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments Regulation 20A (1) (2) (a) (b) (c) The provider had not displayed the rating of its performance on the website maintained by or on behalf of the provider.

The enforcement action we took:

We issued the provider with a fixed penalty notice.