

Medina Connect Ltd

Connect House

Inspection report

Riber Crescent
Basford
Nottingham
Nottinghamshire
NG5 1LP

Tel: 01159245467






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29 October 2019
30 October 2019
31 October 2019

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Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|--|
| Is the service safe? | Good  |
| Is the service effective? | Requires Improvement  |
| Is the service caring? | Good  |
| Is the service responsive? | Requires Improvement  |
| Is the service well-led? | Good  |

Summary of findings

Overall summary

About the service

We conducted an unannounced inspection at Connect House on 29, 30 and 31 October 2019. Connect House work closely with staff employed by CityCare partnership and Nottingham University Hospitals, to provide a service where people are enabled to access expert support from a range of specialist health professionals. It is a fast-paced service with multiple admissions and discharges each week. The service accommodates 56 people across two distinct units, Heritage and Garden. During our inspection the service was at full occupancy.

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

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

Improvements had been made to how risks were assessed, managed and monitored. New and improved audits and checks were completed that enabled the manager and provider to have oversight of the service. Improvements had also been made to how incidents and accidents were monitored and there was a system to investigate, learn and improve when incidents occurred. The manager completed a monthly analysis to consider themes and patterns of incidents and this further supported them to have oversight of any merging risks.

Improvements had been made to the documentation and systems to record and monitor people's food and fluid intake. There were some shortfalls in other internal documentation completed by staff, and information was not consistently updated. However, staff were very knowledgeable of people's health conditions and support needs. Information sharing from external stake holders when people transferred to the service was also inconsistent. The manager was aware of the difficulties around documentation and information sharing and was taking action to address this.

People were safeguarded from the risk of abuse and avoidable harm and information was available for people of how to report any safeguarding concerns. Staffing levels were sufficient at the time of the inspection. Staff's response to calls for assistance was monitored by the manager. It was acknowledged when information about people's dependency needs transferred from hospital were not correctly shared, this impacted on staff's ability to provide effective and timely care at times. The manager was taking action

to address this concern.

People received their prescribed medicines when they should, and staff had the required information to manage and administer medicines safely. The prevention and control of infection was managed safely. There was sufficient equipment to meet people's needs. Health and safety checks on the environment had not always ensured people's needs were effectively managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where people were unable to make specific decisions regarding their care, the Mental Capacity Act 2005 principles were applied. However, further training was required to enhance understanding in the assessment and best interest decision making process.

Improvements had been made to staff training and support, the manager agreed to make further improvements to ensure staff training was completed in a timely manner.

Where people required support from staff with eating and drinking, staff were caring and unhurried. This supported people to have a positive mealtime experience.

People received care and treatment from staff who had a kind, caring and person-centred approach. Staff treated people with dignity and respect and their choices and decisions about how they received their care was upheld.

People's communication needs were known and understood by staff, but some people experienced inconsistencies in the support they received. Advocacy information was available for people. People received opportunities to participate in social activities, but improvements were required to ensure these reflected people's interests, hobbies and diverse needs.

People had access to the provider's complaint policy and procedure and complaints were acted upon quickly. People's end of life care and wishes had been assessed and planned for.

People were invited to share their views and wishes about the service they received, and staff felt involved in the development of the service.

The provider had met their registration regulatory requirements. Whilst the manager was new in post, they had worked at the service since April 2019 as the deputy manager. They had contributed to the improvements made at the service. They were positive and committed about the need for improvements to be sustained and what areas required continued development.

Rating at last:

At the last inspection the service was rated Requires Improvement (published 20 October 2018) and there were two breaches in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected:

This was a planned inspection based on the rating of the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our caring findings below.

Connect House

Detailed findings

Background to this inspection

The 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.

Inspection team:

This unannounced inspection took place on 29, 30 and 31 October 2019. The inspection team consisted of one inspector, an assistant inspector, a specialist nursing advisor 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.

Service and service type:

Connect House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Since the last inspection, the registered manager had left the service. The service had a new manager and they were in the process of submitting their registered manager application. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This comprehensive inspection was unannounced.

What we did:

Before our inspection, we reviewed information we held about the service. This included the last inspection report, information received from local health and social care organisations, and statutory notifications. A notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We did not request a Provider Information Return prior to our inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. However, we gave the manager and provider opportunity to share this information with us during our visit. We took this into account in making our judgements in this report

During our inspection, we spoke with 11 people who lived at the service and five visiting relatives and two healthcare professionals. We spoke with the manager, the provider's two representatives, two nurses, two senior care staff, six care staff, the catering manager and domestic. To help us assess how people's care needs were being met we reviewed all, or part of, 21 people's care records and other information, for example their risk assessments. We also looked at a sample of medicine records, four staff recruitment files and a range of records relating to the running of the service. We carried out general observations of care and support and looked at the interactions between staff and people who used the service.

After our inspection visit, we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement at this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks associated with people's care and support needs had been assessed and staff had information about the care required to manage and mitigate risks. A person told us, "I am slowly learning to stand and walk again, but I have a walking frame to help and sometimes the staff walk with me."
- Whilst written guidance was found to be inconsistent at times, there was no negative impact on people. We found staff were knowledgeable about risks associated with people's needs and what was required to protect them from harm. Where people required equipment to support their mobility needs this was available. Equipment used to support people from developing skin damage was being used effectively. Changes in risks associated with people's needs was identified and acted upon in a timely manner.
- Supporting people with behaviours that could be challenging was an area staff identified they required further support and training. This was discussed with the manager.
- Action was taken to learn from incidents. A sample of incident forms reviewed found them to be well completed. People received 24-hour observation following an incident to ensure their safety. The manager completed a monthly analysis for themes and patterns, they also considered if further action was required to reduce reoccurrence. Examples of action taken was a referral to the falls team and providing assistive technology to monitor people at high risk of falls. Risks were also documented in a daily handover shared with staff.
- Risks associated with fire and legionella were assessed and monitored to ensure health and safety standards were being maintained and people were safe from harm. Personal emergency evacuation plans provided staff with details of people's support needs, should they need support to evacuate the building.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt safe at Connect House. A person said, "I feel safe living here because I know there is always someone here to help me if I need it. Staff may take a while to come sometimes, but I know they are there." A relative said, "We have never seen anything that would worry us when we have been visiting."
- Staff knew how to recognise and protect people from the risk of abuse and avoidable harm. Staff had

received safeguarding training and had access to the provider's policies and procedures.

- Safeguarding information was available for people and staff. The manager had reported safeguarding to the local authority responsible for investigating safeguarding concerns and incidents and CQC. The manager also used the staff disciplinary procedure if concerns were identified about staffs practice.

Staffing and recruitment

● Improvements had been made to the staffing levels and there was a reduction in the use of agency staff. The staff rota reflected the staffing levels provided during our inspection. A dependency tool was used to determine the staffing levels required. The manager told us hospital transfer information, did not always reflect people's dependency needs and this caused staffing difficulties at times. This was an ongoing issue the manager discussed with stakeholders.

- We received a mixed response from people about staffing levels. One person said, "I think there are enough staff working here. They work very hard though. You never see them standing about." We heard a person shouting out for assistance, after nine minutes of waiting we requested staff support. The person told us they had been waiting for 20 minutes. It was identified the call bell was not connected causing the bell not to work. Once this was identified staff connected it again. The manager told us they would ask staff to check each time a person was in their bedroom their call bell was working.

- The call bell system was reviewed monthly by the manager, they were able to identify if people had experienced excessive wait times. When concerns were identified they discussed this with staff.

- Recruitment checks were completed before staff commenced, to ensure they were suitable to care for people. This included checks on criminal records, identity, work experience and references.

Using medicines safely

- People received their prescribed medicines safely. A person said, "They [staff] are very good with my pills. They come like clockwork and I know what everything is for." Another person said, "I get my medicine three times a day and can ask for a painkiller if I need one. They watch me take it too."

- Staff had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Staff had completed training in medicines management and administration.

- Medicines were ordered, stored and managed in accordance with national best practice guidance. A sample stock check was found to be correct. However, we saw that hand-written entries on medicine administration records were not consistently signed by two staff. This is important when transcribing to ensure accuracy. Liquid medicines were not consistently dated when opened. The last local clinical commissioning group (CCG) medicine audit completed in October 2019 found Garden suite to be 90 percent compliant and Heritage suite 89 percent. The manager was taking action to make further improvements.

Preventing and controlling infection

- People were protected from the risk of cross contamination and infection. Staff followed national best practice guidance in the prevention and control of infection.

- Staff had received infection and prevention training, they were seen to use disposable gloves and aprons and the environment was clean and free of malodour.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

At our last two inspections we found people were not protected from the risk of poor hydration or nutrition. Food and fluid charts were poorly completed meaning food and fluid intake was not always monitored effectively. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Improvements had been made to how food and fluid charts were completed and monitored. Senior care staff reviewed these daily and followed up any actions required. People's weight was also monitored, and staff worked with external healthcare professionals to support people with nutritional needs.
- Some inconsistencies were identified in the guidance for staff about how people's meals needed to be presented. However, impact was reduced because staff were knowledgeable about people's needs. We discussed this with the manager who agreed to review this information.
- The promotion of independence was inconsistent. For example, a person's support plan stated they used a plate guard to assist them to eat. On the first day of our inspection the person was observed to not use a plate guard but did on the second inspection day. One person's care record stated they liked to make their own porridge but there was no evidence to confirm this was happening. The rehab team expressed some concern's that people's independence was not sufficiently promoted by care staff and this was required to support people's recovery. We discussed this with the manager who agreed to follow this up with staff.
- People had access to a choice of drinks and snacks. People were positive about the choice and availability of meals and drinks. A person said, "The food is very good, and my appetite has improved." Staff were attentive to people's needs and support was unhurried, and this resulted in people having a positive mealtime experience.
- People's food preferences were recorded, and this included any dietary needs associated with religious and / or cultural needs.

Staff support: induction, training, skills and experience

- New staff did not consistently receive training at the commencement of their role. The manager told us staff received moving and handling training when they started, but confirmed other training was dependent when the training programme was being delivered. This meant there could be a delay to staff receiving

training they required. We also noted that non-care staff such as catering and domestic staff were not completing training in areas such as adult safeguarding. The manager agreed to take action to ensure all staff received training in a timely manner.

- Staff received an induction when they commenced their role. However, the manager told us staff were not completing the Skills for Care induction, but they had plans to address this. This is a recognised set of standards for all health and social care staff to complete and is national best practice guidance.
- Staff were positive about the training and support they received and felt improvements had been made. A staff member said, "It's a good stable staff team, we have good communication and the handover information of people's needs is much better." Staff were able to give detailed responses to questions about different health conditions, the signs and symptoms of infection and the action required to respond to any changes in people's health. This showed they were knowledgeable and competent.
- Since the last inspection, a dedicated staff training, and information resource area had been developed. This provided staff with additional information about a variety of health conditions and was supportive and informative. A training plan confirmed staff received opportunities to complete training the provider had identified as required. A training plan confirmed training booked for the remainder of 2019.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Where people transferred direct from hospital, the level of information shared with Connect House was not consistently detailed. This had impacted on people at times receiving effective care. The manager told us they were reliant on the information being transferred to be detailed and reflective of people's care needs. The manager told us whilst they had meetings with external stakeholders, they were aware information sharing was an area that required improvement and had plans to address this.
- Supplementary records used by staff to confirm the delivery of care was not consistently completed. For example, one person had transferred to the service direct from hospital with a pressure ulcer, and staff were provided with repositioning guidance to manage this and aid recovery. This person's care records for the three days prior to our inspection, showed gaps in the frequency they were repositioned. This may have had a negative impact on healing. The care records for a further six people showed on the whole repositioning was completed as required.
- People's support plans and care records were inconsistent in the level of guidance provided for staff about people's care needs. Whilst some information was detailed, and clear, other information was contradictory. We found written documentation such as staff handover information was not always updated to reflect people's current needs. However, we spoke with nurses and care staff about the care of individual people, we found they had a good knowledge of people's medical conditions and support needs. We concluded the impact on people was low and discussed with the manager the need to improve documentation.
- People's diverse needs had been assessed. This included any protected characteristics under the Equality Act 2010, to ensure people did not experience any form of discrimination.
- Recognised assessment tools were used to assess and monitor people's needs associated with skin care, weight management and oral healthcare. Policies also reflected current legislation and best practice guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Information was shared with external healthcare professionals, such as ambulance and accident and emergency staff, to ensure people received consistent care.
- Feedback from healthcare professionals based at Connect House about communication and information sharing were inconsistent. For example, it was reported this was generally working well in Garden Suite, but improvements were required in Heritage Suite. The manager told us they were aware of these discrepancies. They told us to address this issue a new team leader position was being created for Heritage Suite to

support and lead the staff team.

- Improvements had been made to people receiving health services; a visiting optician and dentist now visited the service. People's care records also confirmed they were supported to access external healthcare professionals for further assessment and support.

Adapting service, design, decoration to meet people's needs

- Building work was happening and we were concerned about a person whose room was dusty from the nearby building work and the window being left ajar. We discussed this with the manager and the person was moved to another bedroom.
- People were able to personalise their bedrooms and they had access to any equipment they required. People could access a pleasant, secure garden but we noted there was not a smoking shelter to protect people from the weather.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- At the time of our inspection, no person had an authorisation with conditions. One person who lacked mental capacity to consent to their care, had MCA assessments completed. However, we noted from their care records, they were non-complaint with a particular aspect of their care and a MCA assessment had not been completed. This was discussed with the manager who agreed to get this completed.
- MCA assessments reviewed lacked detail in the action taken to assess the person's mental capacity. Best interest decisions did not show how least restrictive practice had been considered. We discussed this with the manager who told us they had additional MCA training booked, and they would ask the trainer to focus on these issues to support their understanding.
- DNACPRs (a decision made in advance that CPR would not be likely to be appropriate for a person in the event of cardiac arrest), were audited to ensure these were completed appropriately and care staff were aware of decisions. One person's care plan stated they had the capacity to be involved in their care planning, but their DNACPR and escalation plan (care needs in the event of sudden ill health) said they did not have capacity to make that decision. This was brought to the attention of the manager.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback received during our inspection was overall positive about the care people received from staff that regularly worked at Connect House. A person said, "They (staff) are very kind to me and I think they do know me well now. We have a bit of a laugh sometimes which makes the day go quicker." Another person said, "The staff know me well, including my favourite food and drink. They work hard here." People and relatives were less positive about agency staff who they had not developed a relationship with.
- Staff demonstrated they knew people well, including their routines, preferences and what was important to them. Staff were positive about their role and showed an interest in people's care and welfare. A staff member said, "The atmosphere is friendly and relaxed. You can get emotionally attached, it's so nice to be in a rehab place and support people to get better and return home." Another staff member said, "A few times where people have been stressed, staff pull together, some of them are outstanding with the residents, the connection they've got and they make them feel at ease."
- Staff went above and beyond in their care for people. Examples of staffs caring approach included, staff volunteering to support people on social and community activities out of personal choice in their own time. An example was given how a staff member supported a person to attend a family celebration, and how a staff member supported a person to go shopping on their day off. A staff member said, "I look at people as my parents. I love my job and want to enjoy it. It's the best nursing home I've worked in."
- The provider had an equality and diversity policy and staff had received this training. Staff demonstrated understanding and respect of people's diverse needs, preferences and lifestyle choices.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and support. Some people told us they relied on their relative to attend meetings or discussions about their care. A person said, "I seem to remember I did have a meeting about my care when my medicine was changed. My son usually deals with all that." Another person said, "I didn't have any choice about coming here. The hospital sorted that out, but I don't have any concerns. They [staff] have been great to me. My daughters deal with everything to do with paperwork and stuff, then they just tell me what is happening. I'm fine with that."
- The manager told us people's support plans were reviewed monthly and this was completed with the person and or their relative where appropriate. They told us they were confident people were involved in their care but acknowledged this needed to be formalised better.
- Information about independent advocacy services were available for people. Advocates are trained professionals who support, enable and empower people to speak up. The manager told us how they had arranged for visiting advocates employed by a national charity, to visit the service. This information was on

display for people and this approach was creative and supportive.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence with some aspects of their care was promoted. People admitted for rehabilitation were supported by a team of healthcare professionals who worked at the service. Care staff employed by the provider, worked alongside these professionals in supporting people's recovery and to return home to live. A healthcare professional who worked at the service told us how independence was promoted with people's mobility. They said, "The staff encourage independence and are good at passing on issues with manual handling."
- People and relatives confirmed they were treated with dignity and respect and their choice upheld. A person said, "They [staff] never leave you without a towel round you for very long or you would soon get cold. They usually chat away with me while they are helping me." A relative said, "They have certainly always been encouraging to [relation] even when it has fallen on deaf ears!"
- Staff gave examples of how they respected people's privacy and dignity. A staff member said, "I Make sure their door and curtains are shut, I tell them what I'm going to do, I ask them before I do things and I help them to look respectable and clean. If they don't want me to help, then I would get someone else to go in and try."
- People were supported to maintain contact with their family and friends. We saw how a person was visited by their family and pet dog which from their reaction gave them great joy and comfort. There were no restrictions on visiting times and relatives were encouraged to be fully involved in people's ongoing care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People experienced inconsistencies in the way they received their care, choice and control was not always fully promoted. For example, we observed a person arrive to Heritage Suite for rehabilitation direct from hospital. Staff told us on arrival people were assessed by the rehab team, this enabled care staff to then develop support plans that provided staff with guidance about the person's support needs. Whilst the hospital had transferred some information about the person, this had not been shared with care staff. This meant staff did not know the person's name or basic care needs. The manager told us, this information should have been added to the staff handover and how this is common practice in Garden Suite. They agreed to address this with staff and the new role of team leader, would oversee communication of people's needs was better.
- A person who had recently been admitted to the service had care records which showed a 48hour support plan was put in place on the day of admission and full support plans had then been developed. In the 48hour care plan the person was stated not to be at risk of falls. However, the full care plans for the person, stated they were at high risk of falls and they mobilised with a walking frame and the assistance of two staff. Whilst the manager said the person was admitted with no discharge information, basic information when staff accepted the person should have highlighted the person was at risk of falls.
- People told us their preferences to daily routines, such as the time they got up and went to bed was overall respected. A person said, "I could stay in bed if I wanted to, although a lay-in is the most I have done so far." Another person said, "The staff know that I like to have a shower in the morning, so they help me do that and then I get dressed." However, one person said, "I have asked them [staff] more than once to wash my hair for me. I am afraid of the shower as it's a lot of pressure that just comes at you, but I'm still waiting, as you can see."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At our last inspection, the registered manager told us they were aware improvements were required in making information fully accessible for people and to comply with the AIS. At this inspection, the manager advised improvements were ongoing. For example, the complaints policy needed to be in alternative formats such as easy read.
- People experienced inconsistencies in how their sensory needs were assessed and planned for. Whilst we saw some people were wearing their hearing aids, we found one person whose support records stated they

wore two hearing aids but was only wearing one. A staff member confirmed they had two hearing aids and were unable to advise why they were not wearing both. Another person's support plan stated their hearing aids had got lost at hospital and an appointment with audiology was required. A staff member told us the person in fact had their hearing aids but refused to wear them. On speaking with the person, it was apparent they were worried about losing their hearing aids but after reassurance agreed to wear them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received limited social and recreational activities and people told us they were not always the type of things they enjoyed doing. A person said, "There is a lady doing activities, but there hasn't been as much on lately as I think she is on her own now. We have in the past had crafts, singalongs and some exercise, which I enjoy." Another person said, "There isn't much in the way of activities. Occasionally someone comes in for a singalong and we used to have a man doing chair exercise, but I haven't seen him for ages." A third person said, "I do listen to some of the activities, but they are not really my thing, although I do enjoy a board game and my [relative] plays when they come."
- Information about people's past history, including interests and hobbies were discussed and recorded. The manager told us they were aware activities needed to be improved upon and more reflective of what people wanted. There was one activity person and a new activity coordinator was being appointed. During our inspection, we saw a weekly activity plan was on display and the activities provided, such as Halloween decorations and exercise reflected what was available.
- Whilst people's religious and spiritual needs and preferences were discussed, there were no visiting religious community services. The manager said whilst this was not available, if people specifically requested this support it would be arranged.
- People had formed friendships with each other and staff encouraged this to reduce self-isolation. A person said, "Staff have introduced me to new people coming in and I have hit it off with some of them." We saw how some people enjoyed each other's company.

Improving care quality in response to complaints or concerns

- People told us they felt able to raise any concerns or complaints. A person said, "I don't think I have ever complained here, but I know I could talk to the staff if I was unhappy about anything." Another person said, "I have complained before and things do get sorted, but you have to speak up."
- People had access to the provider's complaint procedure. From reviewing the complaints log, we saw the manager had responded promptly to complaints received. At the time of our inspection, there was one ongoing complaint that was being investigated.

End of life care and support

- When people needed care at the end of their life, this was planned and delivered with other healthcare professionals involved in people's care. For example, medicines and equipment that may be required as a person approached the end of their life had been obtained and was stored securely in anticipation of being required. This advance planning helped to ensure people received good end of life care.
- An end of life care plan in place for a person, recorded a good level of detail and guidance for staff about their care and wishes. There was an escalation plan that detailed in what circumstances the person should be admitted to hospital and when they should be managed within the service.
- End of life training for staff was booked for November 2019.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, we found continued improvements were required to the systems used to ensure the quality of care was regularly assessed, monitored and improved. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Improvements had been made to the systems and processes that assessed and monitored risk, quality and safety. New and improved audits and checks had been introduced. These were completed regularly by the manager and the provider also completed audits. This enabled the management team to have increased oversight of what was working well and areas that required further improvement.
- The manager and provider were clear about continued action required to sustain improvements made. Additional staff were being recruited to new and established roles. Whilst improvements had been made to documentation, the manager was aware this was an area that required further action. The manager was aware of the shortfalls found during the inspection and reported on in this report, they were aware improvements were required and had plans to address these.
- Whilst the manager was new to the position, they had been the deputy manager since April 2019 and therefore was experienced and understood the service well. This was particularly important given the complexities and challenges of this service. The manager was open and transparent and showed a commitment, passion and drive to provide people with a good service. They were clear about the vision, values and high standards of care and positive outcomes they expected people to experience.
- Staff were positive about the improvements made at the service. This included better internal communication and the staff team becoming more stable. An ongoing concern was about information sharing during the transfer of people direct from hospital. Whilst staff acknowledged there had been some improvements, this was an ongoing issue that the manager and provider were addressing. A staff member said, "Communication is much better, the handover information is a great help and some of the seniors are excellent, really good. Whilst guidance may not be updated straight the way, staff know because we're always talking about people's needs."
- The management team had taken action to improve staff's understanding about their role, responsibility and accountability. Where concerns had been identified about staff performance, the provider's disciplinary procedures had been used effectively. Additional staff support had been provided, with the implementation

of a learning resource area and training plan.

- The manager was clear on her role and had informed CQC of any notifiable events and incidents as required. The manager was in the process of submitting their registered manager application.
- The provider had information displayed on the latest CQC rating on their website and at the service. This is so that people and those seeking information about the service can be informed of our judgments.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- During this inspection, overall people told us they were happy with the care and support they received at Connect House. A person said, "I would recommend the place and would choose it again if I had to." Another person said, "It's a big place. I don't even think I have been to all of it yet, but the care is good, and the staff are lovely." Relatives told us on the whole they were happy with the service received. One relative said, "The Home have done everything that they can for [relation] and us."
- Some relatives told us they found adjusting to their family members illness and long-term changes to their care difficult and would welcome advice and guidance. We noted a new information board about different health conditions and other health related information, had been developed to support people and their relatives. However, we shared feedback received with the manager, who agreed to discuss this with the healthcare professionals they worked with.
- Feedback from healthcare professionals were overall positive about Connect House. A healthcare professional said, "On the whole staff give good care, they genuinely have a good heart and do a grand job, there's always room for improvement but you can say that about anywhere."
- Staff told us they felt listened to, involved and valued. They also felt able to raise any concerns and were confident the manager would respond and take action.
- The provider had a commitment to the duty of candour and procedures in place to ensure any investigations into complaints or shortfalls would be completed thoroughly and openly. The manager was found to be responsive to complaints and concerns and receptive and welcoming to suggestions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received opportunities to share their experience about the service they received. This included an annual survey, we noted the last survey was completed in September 2019 and the results were displayed for people to see. This included information 'You Said' 'We Did' to confirm action taken to respond to feedback received. Monthly meetings were also provided where people were invited to share their views and information about the service was shared such as staffing, meals and changes to the building. Suggestion boxes were also available as an additional method to encourage feedback.
- Staff told us, and records confirmed, there were regular staff meetings to discuss and share information such as improvements required.
- Assessment processes were in place to ensure any equality characteristics were discussed with people. People we spoke with told us they felt their needs were met.

Continuous learning and improving care; Working in partnership with others

- The manager reviewed and analysed all incidents, accidents and complaints for lessons learnt. This enabled the manager to have oversight of what action was required to make improvements and this was shared with the staff team.
- The manager received opportunities to share information and best practice, they attended managers meetings arranged by the provider and external forums and meetings with stakeholders.
- The manager researched and used national best practice guidance to improve care standards and

outcomes for people. An example of this was using latest best practice guidance in oral health care.

- The manager and staff team worked in collaboration with healthcare professionals, to meet people's ongoing health care needs and to achieve positive outcomes. The manager told us improvements were required in partnership working, to ensure information sharing about people's ongoing needs were accurate and reflective.