# Glenside Manor Healthcare Services Limited

# Langford/Kennet

## Inspection report

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20 June 2017

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

We carried out this inspection over three days on 14, 15 and 20 June 2017. The first day of the inspection was unannounced. Langford/Kennet is one of seven adult social care locations situated on one site, known as Glenside. The site also contains a hospital, which is registered with us separately. Langford/Kennet provides complex nursing care for up to 16 people with neuro-degenerative or previous brain injury. At the time of the inspection, there were 15 people using the service. Eight people were living at Langford and seven people were living at Kennet.

Langford/Kennet was registered as an adult social care location in October 2015. Previous to this, the location formed part of the overall site of Glenside. This was the location's first inspection, as part of the adult social care directorate.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had a dual role as they were also the registered manager of Newton House, another location on site. The registered manager was available throughout our inspection.

Risks to people's safety were not always managed effectively. For example, staff had not identified one person had lost weight. They had not undertaken a nutritional assessment or regularly weighed the person. Despite the person being at risk of dehydration, fluid monitoring charts had not been consistently completed. This did not ensure effective monitoring to ensure the person consumed sufficient amounts. There was conflicting information within records regarding the person's use of thickener for their drinks. This increased the risk of the person choking. The registered manager addressed this after it was brought to their attention.

Each person had a support plan in place. This clearly described the individual's clinical needs and the support required. The information was comprehensive and detailed. However, other areas including continence and tissue viability contained less detail. One support plan was not an accurate reflection of the person's needs. Wound care plans had not been written in a timely manner and there was no care plan regarding the person's recent surgery. Other plans did not detail how people showed they were in pain and there were no pain assessments in place. Staff showed they knew people well but a person centred approach was not demonstrated within support plans. The registered manager was beginning to address this by introducing "getting to know me" meetings. The first meeting took place in October 2016.

People's rights to privacy, dignity, choice and independence were promoted. However, this was not so for one person, as staff had not supported them to discreetly cover their catheter bag. Another person was upset that their bedroom door was always left wide open. This was addressed with the registered manager during the inspection and a satisfactory compromise was reached.

There were systems in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people. A traffic light system was used, which identified any shortfall and its level of risk. Records showed further checks were completed to ensure compliance. However, audits had not identified the shortfalls which were raised during this inspection.

Staff knew people well and positive relationships had been built. Staff showed a clear understanding of people's needs and showed skill whilst communicating with those who did not use verbal speech. There was a clear ethos regarding improving people's quality of life, which was adopted throughout the staff team.

Safe recruitment processes were in place and there were sufficient numbers of staff to support people effectively. All new staff received a detailed induction when starting at the service. This was regularly reviewed and enabled each staff member to be clear of their roles and responsibilities. Staff received a range of training deemed mandatory by the provider and felt well supported. One to one meetings with the manager were regularly held. This enabled staff to discuss their work and any concerns they might have. Staff received annual appraisals. Records showed they appraised themselves but the discussions or the action plan for the following year were not always documented. There were regular staff meetings and handovers of information. Staff showed they were aware of people's needs and established relationships had been built.

There was an open approach to complaints and clear processes were in place. Records showed any complaints were properly investigated and a satisfactory outcome was reached. People and their relatives knew how to make a complaint. There were systems to encourage feedback such as meetings and satisfaction surveys. The surveys had recently been adapted to meet people's needs more effectively.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

This service was not always safe.

Potential risks were not always identified and appropriately addressed.

People's medicines were safely managed but records did not clearly show the application of topical creams.

There were sufficient numbers of staff to support people effectively but some comments received did not always show this was so.

Safe recruitment procedures were in place.

### Is the service effective?

**Good**

This service was effective.

The principles of the Mental Capacity Act 2005 were followed as required, whilst supporting people with decision making.

Staff felt well supported and received a range of training to help them to do their job effectively.

People received comprehensive support from a range of specialised services, to meet their health care needs.

### Is the service caring?

**Good**

This service was caring.

People's rights were promoted although there was one incident which did not promote a person's dignity.

Staff cared about people and good relationships had been established.

People were supported to make their room as homely and personal as possible.

### Is the service responsive?

**Requires Improvement**

This service was not always responsive.

Each person had a support plan but not all information was detailed and person centred. One support plan was not up to date and did not reflect the person's needs.

People were supported to regularly access the community. However, there was limited activity and interaction for those who spent time in their room or communal areas.

People and their relatives knew how to raise a concern. There was a keenness to ensure any issues were quickly resolved.

## Is the service well-led?

**Requires Improvement**

This service was not always well-led.

There was a clear auditing process in place. However, not all shortfalls were being identified and addressed.

There was a clear ethos which was clearly adopted throughout the staff team.

Systems were in place to encourage people and their families to give their views about the service.

# Langford/Kennet

**Detailed findings**

## Background to this inspection

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

This inspection was unannounced on 14 June 2017 and continued on 15 and 20 June 2017. The inspection was carried out by two inspectors, two specialist advisors in brain injury 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.

Due to their brain injury, the majority of people were not able to provide us with detailed feedback about their care and support. However, staff supported our expert by experience to communicate with four people using individual communication strategies. In order to gain further feedback, we spoke with the relatives of two people. We also spoke with senior managers, the registered manager and seven members of staff. We looked at people's care records and documentation in relation to the management of the service. This included staff training, recruitment records and quality auditing processes.

Before our inspection, we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. In addition, we looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned on time and completed in full.

Requires Improvement

# Is the service safe?

## Our findings

Risks to people's safety were not always managed effectively. For example, one person had not been weighed or had a nutritional assessment for a period of five months. During this time, the person had lost 6.4kg in weight. Staff had not identified or minimised this weight loss. The person was at risk of dehydration but fluid balance charts, used to monitor the person's intake, had not always been fully completed. The charts had not always been totalled to evidence adequate amounts of fluid had been consumed. The person had been assessed as being at risk of choking. They had been prescribed a thickener for use in their drinks. Within the person's support plan, there was conflicting information regarding the type and correct amount of thickener to be used. A rehabilitation assistant told us the amount of thickener they used when supporting the person. This was different than stated in their support plan. Using the incorrect amount of thickener increased the risk of the person choking. Another person had been assessed as being at high risk of developing pressure ulceration. They had specialised equipment on their bed but this had been set at an incorrect inflation pressure for their weight. This meant the mattress was ineffective and potentially causing the person harm. The registered manager addressed these shortfalls when they were brought to their attention. This included a review and update of the person's support plan.

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

Other risks to people's safety had been properly identified and addressed. For example, one person had respiratory problems. Their support plan stated their oxygen saturation levels needed to be kept above a certain level. Records showed this was being regularly monitored and achieved. Oxygen was kept in the person's room and staff assisted them to use a nebuliser, when required. Another person had a tracheostomy tube to assist their breathing. A specific care plan and risk assessment was in place to inform staff of its management. Records showed the tube had been changed and cleaned at the required intervals. A filter was in place over the tube and suction equipment was available in the person's room. There were clear records in place to inform staff how to move another person safely. Pictures showed how the person was to be positioned in the hoist and when seated in their wheelchair. This ensured correct posture but also their safety whilst transferring.

Accidents and incidents involving people and staff were clearly recorded. The registered manager and operations manager reviewed these to ensure they were responded to appropriately. There was a centralised electronic system in place which documented the type of incident, who was involved, the actions taken and any follow up actions. Incidents were reviewed collectively and individually. Where required, people's care records were updated to reflect any recommendations from investigations or any changes in support needs.

Each person had a personal evacuation plan in place which documented the support they would need in the event of an evacuation. Fire drills were regularly carried out to ensure systems were working effectively. Staff told us they had received training in fire awareness. A poster was displayed which showed the different fire zones and associated alarms. This assisted staff with identifying the source of a fire if needed.

People's medicines were safely managed. However, registered nurses signed the medicine administration charts for topical creams, when they had been applied by rehabilitation assistants. This did not show clear accountability and increased the risk of inaccuracy. In addition, records did not show full instructions for the use of topical creams and ointments. This included the areas the cream should be applied to, the frequency and whether it should be applied sparingly or liberally.

A national pharmacy provided the majority of people's medicines. Medicines were administered safely, in an organised manner. The registered nurse administering medicines, was aware of the needs of each person, they were administering medicines to. People's photographs were attached to the medicine administration record. This minimised the risk of medicines being given to the wrong person. Medicine allergies and any special instructions relating to administration were clearly stated. The medicine administration record showed people had been given their medicines as prescribed, although there were some gaps, relating to the application of topical creams. Clear records showed the rotation of a person's transdermal patch in order to prevent skin irritation and ensure effectiveness. A transdermal patch is a medicated adhesive patch that is placed on to the skin to deliver a specific dose of medication through the skin and into the bloodstream. Another record showed the site of a person's insulin injections had been varied each time, to avoid skin damage and irritation. One person's blood glucose level was appropriately checked prior to the administration of their insulin.

People's needs in relation to medicines were clearly documented in their support plans. Information included the use and effects of medicines, as well as plans for medicines to be taken "as required". The criteria for administration, dosage, maximum quantity and contra-indications were stated. This was good practice, as staff were directed to when, how often and for how long the medicine should be administered. In addition, such information improves monitoring of the effects of the medicines and reduces the risk of misuse.

Safe procedures were in place for the receipt, storage and disposal of people's medicines. Records demonstrated the daily monitoring of the temperature of the room and the refrigerator, where medicines were stored. Those medicines, which required specific storage requirements, were managed safely and regularly checked.

A senior manager told us people's care and support needs were assessed prior to moving to the service. This determined the number of budgeted hours, which was reviewed annually with the clinical team. Staffing levels were also reviewed on a monthly basis and daily during the registered nurse's handover with a senior manager. Staffing numbers reflected people's changing care needs.

There were variable views as to whether there were enough staff available to meet people's needs. Two people told us staff were available when they needed them. However, they said they would prefer it if agency staff were not used. Staff confirmed using agency staff was not ideal, as they did not know people well. One member of staff told us some agency staff were not so good. The registered manager confirmed the agency would be informed of any such shortfalls. The staff member would not be used again. The registered manager told us recruitment was taking place, which would minimise agency use. In the meantime, the same agency staff were requested to ensure consistency.

Two staff told us there were enough staff on duty, whilst two others did not agree. One member of staff said staffing was reduced, when the number of people using the service lessened. This meant there were times when there were two rehabilitation assistants, instead of the usual three. Staff did not feel this was enough as each person required two members of staff to assist them with their personal care and moving safely. Another member of staff told us "it's not safe when there are only two rehabilitation assistants for seven

people". They added "it's difficult to cope". One member of staff told us they felt staff rosters could be better managed. They said "some days we seem to have a lot of staff, other days we don't".

The registered manager told us in their experience, they felt staffing levels were good. They said during the day, there were normally three rehabilitation assistants and one registered nurse deployed to Langford. On Kennet, there were three rehabilitation assistants and two registered nurses. The additional nurse was deployed, as one person required one to one staff support whilst awake. A senior manager explained staff shortages were the perception of staff. They said initiatives such as task lists had been introduced. This was to show staff they had sufficient time to support people with their personal care and to undertake one to one time with them. During the inspection, the atmosphere was relaxed and people were appropriately supported, in an unhurried manner.

Two people told us they felt safe at the home. They said staff supported them to move around safely. One relative told us they had no concerns about their family member's safety. They said "I have peace of mind about X being here". People looked comfortable and relaxed in the vicinity of staff. Staff told us they had received recent training in safeguarding. Records confirmed this and showed safeguarding was also discussed at 'one to one' meetings with staff. Senior managers told us in the future, more structured discussions about safeguarding would take place and any discussions would be more formally documented. Information about safeguarding, including whistle blowing, was clearly displayed on staff notice boards.

Safe recruitment procedures were followed. This ensured people were supported by staff with the appropriate experience and character. Applicants were required to complete a Disclosure and Barring Service (DBS) check. This allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. Applicants were required to give details of people who could provide details of their past performance and behaviour. This included their previous employer. All applicants were subject to a formal interview and a probationary period. Staff confirmed these checks had been completed before they were able to start work at the service. Arrangements were in place to ensure existing staff renewed their DBS every three years.

Good

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

Each person had a separate file for legal information. A two stage test had been completed to determine people's capacity to make decisions about their care and treatment under the MCA. Examples of the scenarios presented to people to ascertain capacity had been included in the appendix and were relevant to the decision being assessed. Where a person lacked capacity to make a decision, records showed family members and health professionals were involved and had made a best interest agreement. People who had Court of Protection orders to appoint deputies had this clearly recorded in this file with a copy of the order.

Two people told us staff gained their consent before undertaking any task. They said staff encouraged them to make decisions. One of these people told us their family also supported them with decision making. Staff confirmed this. They said they always asked people for their views regarding their support. This included what time people wanted to get up or go to bed, what they wanted to wear or do during the day. One person had their medicines administered covertly. This involved crushing the medicines and administering them without the person's awareness or consent. Staff told us they tried not to do this but if the medicines were required, a best interest meeting would be held to discuss the decisions to be made. Records showed appropriate procedures had been undertaken in this area.

Two people told us staff knew how to support them. One of these people said "they care for me well". A relative told us all of the staff were skilled, very experienced and good at their job. They said "they all know their job, inside out. They treat people as individuals". Staff told us they had a good team and all worked well together. They said the training they received was very good. One member of staff told us they had recently undertaken tracheostomy training. Another staff member said they were up to date with all of their mandatory training and those topics relating to people's needs. They said training would be organised, for an area they were not sure of. Staff told us there were good development and progression opportunities within the organisation. Whilst there were positive comments about training, there was some concern that staff could be transferred to work in other services on site. Not all staff felt confident to do this, especially those services which supported people with potential aggression. A senior manager confirmed whilst staffing levels needed to be evenly split, staff would not be expected to work in an area if they did not have the skills to do so.

Staff were supported to undertake a comprehensive induction programme when they first started work at the service. This included various training sessions, working with more experienced members of staff and

discussing areas such as policies and procedures and people's support. Staff were given the opportunity to work in the different services on site. This enabled them to see where they were best suited. Each new member of staff was assigned a line manager who provided on-going support, direction and mentoring. A monthly review took place where the developing competency of the member of staff was assessed and any additional support put into place. During the inspection, a registered nurse was undertaking a medicine "round" with a newly employed nurse. This enabled the new member of staff to become familiar with the systems, before administering medicines on their own. A newly appointed rehabilitation assistant told us they had worked as a supernumerary member of staff when they first started. They said they were allocated a mentor and received feedback about their performance during and following their probationary period.

Staff were encouraged to complete a diploma in health and social care and to develop their specific interests through distance learning. Records showed the training staff had undertaken and subjects which required refresher training. Training deemed mandatory by the provider included health and safety, infection control, food hygiene, safeguarding vulnerable adults, Mental Capacity Act 2005, manual handling and the management of actual and potential aggression (MAPA). There was bespoke training such as tracheotomy care and percutaneous endoscopic gastrostomy (PEG) management. The registered manager told us all staff who were involved in tracheostomy care, had a competency assessment before they supported people. This was completed annually thereafter. One member of staff told us "occasionally, X [the registered manager] will give us a quiz on it". Another staff member told us they had received instruction about how to care for PEG tubes. This included how to clean them and advance and rotate the tubes to avoid them adhering to the gastric wall.

Nursing staff were supported through the revalidation process as required by their registration of the Nursing and Midwifery Council (NMC). Every three years nurses must complete revalidation in order to renew their registration to continue working as a clinician. The provider ensured all nursing staff received an information pack. This included amongst other items, a checklist of the revalidation requirements and the supporting evidence for each requirement. Information was kept on the progress of individual nurses towards their revalidation. This was also regularly discussed at one to one meetings. The provider kept a record of the pin numbers of nurses which evidenced they were registered to practice with the NMC.

Staff and management told us training was delivered through face to face sessions. This enabled staff to discuss and evaluate their learning. The operations manager told us they fully acknowledged and supported the different ways in which staff learnt. They said where English was not the staff member's first language or there were potential barriers to learning, such as dyslexia, additional support would be given.

Staff told us they felt well supported within the team. One member of staff told us "I would trust each and every one of the staff 100%". Another member of staff said the team had worked together for many years and knew each other very well. They said this enabled trust and a good level of support. Staff told us in addition to informal support, they regularly met with their manager to discuss their work and performance. They received "group supervision" as part of some staff meetings. Staff had annual appraisals, which enabled them to review their work and set objectives for the following year. However, records showed staff had appraised themselves but the discussions or the action plan for the following year were not always documented.

At the time of the inspection, 13 people had a PEG and did not eat food by mouth. Clear guidance was in place within support plans, which explained each individual's particular regime. The regimes were regularly monitored and discussed with specialist services, as required.

People's healthcare was well managed. There was a multi-disciplinary team on site, which consisted of

professionals such as physiotherapists, occupational therapists and psychologists. These professionals worked with people on a regular basis. The team met on a monthly basis or more often if required, to review each person's needs. Intervention was then amended following discussion and agreement with the person and/or their family member.

There were clear records, which showed the support people received to meet their health care needs. One member of staff told us people's daily records needed to be accurate. This was because the psychology team would use them as part of their review of the person and the support provided. Two people told us staff supported them to see a doctor if needed. One of these people told us their family took them to any appointments they had. Records showed people regularly saw a GP. One person had received three visits in one month.

Good

# Is the service caring?

## Our findings

There was one incident in which a person's privacy and dignity was not promoted. The person had their catheter bag, which contained urine, strapped to their leg, in full view. The person was wearing shorts but staff had not considered the catheter bag needed to be out of sight. One person told us they did not feel their privacy was respected. They told us this was because their bedroom door was always left wide open, enabling people to see them as they walked by. This was discussed with the registered manager and it was agreed the person's door would be left ajar. The person was happy with this decision. Two other people told us their privacy was respected.

Staff gave various examples when talking about how they promoted people's rights to privacy and dignity. This included covering people appropriately whilst undertaking intimate personal care and ensuring all support was undertaken in private. One member of staff told us privacy and dignity was promoted by not leaving personal information around for anyone to see. Another member of staff told us they were careful that any conversations they had, could not be overheard and shared inappropriately. Staff told us they felt they were good at promoting people's rights. They explained the dilemma which often arose, when family member's views conflicted with the person's wishes. They said they were aware as adults, people could have information they did not want shared with their family members. Staff told us they were mindful of this and respected people's wishes.

Two people told us staff were caring. One person told us staff were one of the best things about the service. A relative told us the staff were "fantastic" and "very dedicated". They said "staff know X well and get him to giggle. They're very light hearted and have fun with him. They make him laugh". Another relative told us the staff were "wonderful". They continued to tell us "they're absolutely wonderful. X could not get better support than he's getting here".

Staff told us they knew people well and good relationships had been established. They said as they had worked with people for a long while, they had become "almost protective" of individuals. One member of staff told us "it's like a family here. We really care about people and want the best for them". Staff said they promoted independence and respected people's choices. They gave an example of one person enjoying particular television programmes so they made sure any support was provided between these. Another member of staff told us the person was prone to coughing and if this occurred, they would pause the television. This enabled the person to see the entire programme, without missing any. One member of staff told us how the person liked to be positioned in their wheelchair. They explained the small details, which were important to the person to enable them to be sitting comfortably.

During the inspection, there were positive interactions between staff and people who used the service. This included one member of staff checking if a person was feeling ok. They asked the person if they wanted to spend time in their room, rather than the lounge. The person's wishes were respected. The member of staff responded to the person in a caring manner. Another person was being supported to go to the pub. There was banter about this from staff, as they left. As the weather was hot, staff opened the patio doors from the lounge to the garden. People were supported to sit near the doors to stay cool from the breeze but also to

have a view of the garden.

People's bedrooms were comfortable, light and well furnished. People were encouraged to furnish their room as they wanted. One member of staff told us people could choose the colour scheme of the walls. All rooms were individual and contained a range of personal possessions such as pictures and photographs. Staff told us if a person was unable to communicate their wishes about their room, they would talk to family members to gain more information. This enabled each room to reflect the person's individual preferences and identity.

Requires Improvement

# Is the service responsive?

## Our findings

Each person had a support plan in place. The plans were based on assessments of the person's individual needs and covered a wide range of topics. Such topics included medicines, communication, mobility, postural management and elimination. Other areas were nutrition and hydration, tissue viability, night management, emotional well-being and activity. Where required, there were support plans for specific needs, such as diabetes, PEG, urinary catheter, respiratory and tracheostomy care. A 'summary of needs' was available at the start of each support plan. This was a concise description of the person's needs, designed as a quick reference guide for staff.

The support plans, which informed staff of people's clinical needs, were detailed and comprehensive. However, other areas such as elimination and tissue viability, contained less information and clarity. For example, three tissue viability care plans stated people required pressure mattresses, to minimise their risk of pressure ulceration. The information did not specify the type or if it was an air mattress, the inflation pressure the mattress needed to be set at. One support plan stated the person did not want to be repositioned during the night so remained on their back, at all times. The person had capacity but records did not show the potential risks and consequences of this, had been clearly considered. In another support plan, information was not specific. This included an instruction for the person's continence to be checked at 'every position change'. It was not clear what this meant. One record stated the person "had diarrhoea three times" but no further detail was stated. There was a request within a person's daily records, to monitor sputum for signs of infection. There was no record of this monitoring until three days later.

The home's policy was to review individual support plans and assessments each month. This did not always take place. For example, most of one person's progress and evaluation records had not been completed since their admission which was at the end of January 2017. The person's tissue viability support plan had only been reviewed in the progress and evaluation notes, after they had developed a grade 2 sacral pressure sore. The sore had subsequently healed although a registered nurse said the person had also developed an ankle wound. They said this was "at the start of June" although no support plan for the wound had been put in place until the 15 June 2017. The support plan had been completed by the podiatrist, a member of the multidisciplinary team, not by staff supporting the person on a day to day basis.

The support plan was not an accurate reflection of the person's needs. In addition, there were no records of wound treatment in respect of the sacral pressure sore or ankle wound. The registered manager told us wound treatment record charts were available at the hospital on site. However, these had not been used. Some photographs of the pressure sore had been taken but these were not dated. Records indicated there was some delay with regard to commencing treatment for the sacral wound. This included a delay in contacting the Tissue Viability Nurse Specialist and with sourcing dressings. The person sustained a hip fracture whilst in hospital and underwent surgery. They returned to the service but their mobility care plan had not been updated to reflect the changes in their mobility, following their surgery. Not all support plans detailed how people showed they were in pain. There were no pain assessments or the monitoring of people's pain.

People had 'hospital passports' in place. These contained important information for health care professionals, particularly if the person needed to be admitted to hospital. However, one passport contained the wrong address and contact number for the person. There was also no contact information for the person's next of kin or contact number for their GP. The registered manager said they addressed this, once it was brought to their attention.

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

The support plans were not person centred. Whilst there was a section on activity, there was limited information about the person's interests, likes and dislikes and what made them the person they were. For example, one support plan stated the person liked 'old movies' with no further detail of examples. Another support plan stated the person liked 'football and sports'. The information did not detail which football team the person supported or the other types of sports they enjoyed. There was limited information about the person's brain injury and the life they led before this. A photograph of the person had not been displayed on their support plan. The registered manager told us they were aware of this and had started meeting with people and their relatives, to gather this information. These sessions were known as "getting to know me" meetings. As a result of the discussions, a booklet showing the person's life and interests had been developed. The booklet was in written form and had pictures, which made it pleasant to look at.

Some terminology within people's records did not promote person centred care. This included "he should sit up only during 'feeding' times" and "hoist 'him' into the shower chair". One record stated the person's morning routine was designed by "ward" staff. Some staff referred to people as "patients". This terminology, inferred a hospital setting rather than a home. One record showed the monitoring of each person's bowel movements and their weight. All of the information was written on one page rather than a record for each person. The registered manager told us this system enabled registered nurses to analyse the information easier. Confidentiality regarding people's personal, intimate details had not been promoted.

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

People had individual ways to communicate, which staff were very familiar with. Whilst assisting us to communicate with people, staff showed a clear awareness of each person's needs. They gave people time and repeated phrases back, to confirm what the person was saying. Positive relationships were shown and there was a high level of banter, which people responded to well.

There was a clear focus on supporting people to go out as much as possible. Activity organisers were deployed to concentrate on people's social needs. They explained all activities were meaningful to each individual and based on people's preferences. This included going to the races, to their parental home or joining family members for a day, whilst on holiday. Other activities involved going to the park, beach, cinema or shopping. Photographs showed there had been a recent boat trip. Staff told us the hardest challenge was to "keep things fresh" and come up with new ideas. They said for those people who did not want to go out, they provided activities "in house". They said this could mean reading to a person or buying a recent released film. The member of staff said this was particularly important if a person was unable to go to the cinema. Staff told us all activities were adapted to how people were and what they wanted to do. A set activities programme was not in place to enable this flexibility.

Two people told us about the social activities they undertook. One person told us they enjoyed going to the coffee shop. Another person told us they did a lot with another person, who also lived at the service. They

said this included playing volley ball in the corridor, going to the cinema and watching football matches. They told us activities were one of the best things about the service.

During the inspection, whilst two people were supported to go to the pub, other people were generally in their rooms. This was some people's choice as they wanted to watch television. Others however, appeared to have little stimulation. One relative told us whilst they respected their family member's choice, staff took their view "as gospel and written in stone". The relative felt staff could be more proactive and creative in offering further alternatives. The registered manager told us they were working with the person on this.

There was a clear process in place for people and their families to raise a concern. Comments and suggestion leaflets were readily available in the entrance area of the home. The registered manager told us they regularly met with people and gave some "protected time". This enabled any concerns to be discussed and addressed at an early stage before escalation. Records showed any concerns or complaints were properly investigated. The registered manager told us they aimed to address any concerns quickly to ensure satisfaction. They said any concern was used to improve the service. The registered manager told us the organisation was very good at sharing good practice and any areas which had been improved, as a result of concerns. They said this enabled "good" to come from any complaints raised. A member of staff told us to share good practice further, they felt the most experienced staff should work their shift with the least experienced. They said this did not always happen.

One person told us if they were not happy with their care, they would inform a member of staff. They said they would do this by using their "line board". Another person told us "if I am not happy I let them know by waving my hand around". Family members told us they would talk to staff or the registered manager, if they were not happy with any aspect of the service. One family member told us they had never had anything to complain about. Another relative said they had met with the registered manager. They told us there was a keenness to address any concerns although any actions were not always fully embedded and sustained. Records showed compliments had been received. This included a new member of staff stating "a very friendly and supportive team on the unit". A relative commented how very caring the nurse was, who provided excellent care and reassurance to their family member.

Requires Improvement

# Is the service well-led?

## Our findings

There were systems in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people. Board documents were developed from the audits undertaken, which showed how the organisation was meeting their own targets. In addition, the information was used to identify business development plans.

The majority of the monitoring of the service was undertaken at organisational level. A traffic light system was used to assess standards. This in turn identified the frequency of the audits. For example if a standard was not met, a red status would be given and the shortfall would be clearly identified. The standard would then be assessed the following month to ensure sufficient action had been taken. If the standard was fully met, a green status would be given. This standard would then not be assessed until a later date. A senior manager told us the auditing systems focused on risk. They said if an area was identified as "not so good", the "pressure would be on" to make improvement. The senior manager told us if compliance had dropped, continued reassurance was required to ensure action was being taken to address the shortfalls. They said registered managers were asked on a monthly basis "where are you at with X?" Any shortfalls in practice were added to the organisation's quality improvement plan. Records showed audits were carried out for areas such as medicines, falls, pressure ulceration, physical interventions, nutritional screening, safeguarding, complaints, staff training and appraisals.

Whilst this auditing system was acknowledged, the shortfalls highlighted during this inspection had not been identified. This included the inaccurate support plan of one person and the care and treatment of their pressure ulceration. In addition, the auditing systems had not identified that some support plans were not always reviewed as often as stated in the organisation's policy. The registered manager was working with staff to increase compliance, but this had not been fully achieved.

The managers on site had been given specific roles and were known as "leads" in various topics. For example, there was an infection control lead and a health and safety lead. These managers undertook audits of their specialism across all services.

There were regular health and safety audits and a health and safety risk register was in place. All areas of risk were assessed and a score was given for the level of action needed, to minimise the risk. For example, fire safety had an amber rating and moderate action had been identified as needed. This was because registered managers were to complete fire risk assessment action plans by June 2017. Information provided following the inspection, confirmed all actions on the fire risk assessment action plan had been satisfactorily completed as required. The risk register also identified infection control as amber and moderate action was required. This was because enhanced procedures were to be implemented.

There was a registered manager in post. Relatives and staff told us the registered manager was very "kind", "caring" "genuine" and had people's wellbeing at the "centre of everything they did". One member of staff said people were the registered manager's "top priority". Another member of staff told us they were very good although sometimes difficult to find, as they managed two services. The registered manager told us

they spread their time equally between the services although would be responsive to what was required. Both services were within close proximity, in walking distance on the same site. The registered manager told us they were available by telephone at any time. They said staff also knew they could contact other registered or senior managers for help or advice if needed.

The registered manager told us the ethos of the service was to improve people's quality of life. They said this meant never reinforcing what people could not do or what they had lost but looking forward, using strengths. They said they tried to empower staff and look "outside of the box" to enable positive outcomes. In addition, they said they tried to create an "open and transparent" culture where everything was reported. The registered manager told us they had a good staff team and encouraged people and staff to voice their opinions. They said they led by example and were currently working with staff to develop the service, in a more person centred way. The ethos of the service was adopted throughout the staff team. One member of staff told us "we're here for the residents and to do our best for them". Another member of staff told us "it's the best job ever. We can really make a difference and improve quality of life for people".

The registered manager told us each person had a "named" registered nurse and a "named" rehabilitation assistant. This enabled more in depth relationships to be built and greater knowledge about the person to be gathered and shared. The registered manager told us relatives were encouraged to discuss their family member's care with the "named" staff. This enabled continuity and informed discussions.

People's views about the service and those of relatives were encouraged. There was a family forum where people and their families could meet and gain support and advice about particular topics. The next forum was taking place in June 2017 with a speaker offering free legal advice.

The registered manager told us the organisation had satisfaction surveys. However, these were being reviewed to take into account people's needs. The registered manager told us they had adapted the format and the questions to make them easier to answer. This ensured people did not get fatigued whilst completing the information.

The registered manager and staff told us there were regular informal discussions and staff meetings. The staff meetings enabled information such as policy changes to be discussed. Records showed a series of recent meetings had been held. These were arranged for staff to raise issues and to propose any solutions. These meetings were run by individuals independent of the service.

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<br><br>Treatment of disease, disorder or injury | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>Support plans and associated care records were not person centred. Some terminology used within people's records did not promote a person centred approach. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Potential risks were not always identified and appropriately addressed. Not all support plans had been regularly reviewed or clearly reflected people's needs. |