Shankar Leicester Limited

Longcliffe Nursing Home

Inspection report

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Date of inspection visit:
14 December 2015
15 December 2015

Date of publication:
24 February 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Longcliffe Nursing home on 14 and 15 December 2015. This was an unannounced comprehensive inspection. This meant that the staff and provider did not know that we would be visiting.

Longcliffe Nursing Home provides both personal and nursing care for up to 42 people who are aged over 65 and who may also have a physical disability. The home is located on two floors with lift access to both floors. The home has a variety of communal rooms and areas where people can relax. At the time of the inspection 25 people were using the service.

The home does not have a registered manager in place. 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. A manager was appointed in June 2015 and was in the process of making an application to the Care Quality Commission for registration.

At the last inspection we carried out on 29 April 2014 we found the provider had not met the regulations relating to the management of medicines. At this inspection we found the provider had made the required improvements.

People told us that they felt safe and that they enjoyed living at the Longcliffe Nursing Home.

People were not consistently protected from risks relating to their health and safety. Risks had not always been assessed. People were not protected from the risks of potentially dangerously hot radiators and water. Checks in place had not identified the risk of the hot radiators. Checks had identified that the water was very hot but action had not been taken to remedy this.

People received their medicines safely and at the right time. Records contained important information about medicines that people were taking. We found that temperatures were not recorded in the controlled drugs cabinet. Creams and eye drops were not always dated when they had been opened. This meant that there was a risk that important medicines would not be effective and could harm people.

Staff were supported through training to be able to meet the care needs of the people they supported. We found that not all training was in date, and supervisions were not taking place regularly.

Staff told us that they sought people's consent prior to providing their care. We saw that appropriate assessments had taken place.

People told us that staff were caring. Staff we spoke with had a good understanding of how to promote people's dignity.

People did not always receive the care they needed at the times they wanted it. We saw that staff were not always responsive to people when they asked for support.

People told us they knew how to make a complaint. The service had a complaints procedure in place.

We were concerned that records relating to peoples care were not always fully completed. We saw that records did not record all care that had been given and that there was a risk therefore that staff who did not know people well would not be able to deliver care safely in accordance with their needs.

We found that quality assurance systems were not effective and audits had not been completed when they were scheduled. The provider had not identified the shortfalls in quality that we found during this inspection. This meant that the provider was not able to ensure that people were receiving safe, effective, caring or responsive services that met their needs.

Staff told us that the found the management approachable and felt they were listened to.

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

The service was not safe.

People told us that they felt safe when they received care and support. Staff could explain indicators of abuse and action they would take to ensure people were protected from abuse.

Risks had not always been assessed.. The radiators were extremely hot to touch in communal areas and bedrooms. The water in taps reached very high temperatures. Control measures had not been put in place to make sure that people were safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Training for all staff was not up to date. Supervisions were not up to date.

Records were not correctly completed to evidence that people's day to day health needs were met.

The manager and staff had an understanding of the Mental Capacity Act 2005 and appropriate assessments had been completed.

Is the service caring?

Requires Improvement

The service was not always caring

People were supported by caring staff who respected their privacy and dignity. People did not always receive the care and support they needed when they needed it.

Staff we spoke with had a good understanding of the needs of people they supported.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People could not remember contributing to the assessment of

their care needs. We saw that people had provided information about their care needs and this was recorded as part of the assessment.

People were supported to participate in activities they enjoyed but there were limited opportunities for this.

A complaints procedure was in place. People told us they felt confident to raise concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems were in place for monitoring the quality of care and support provided but these had not been completed and had not identified where there were issues.

Records were not an accurate, complete or contemporaneous. People were put at risk of not receiving care or treatment they required.

Staff felt able to approach the manager with any concerns and felt they were listened to.

Longcliffe Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 14 and 15 December 2015. The first day was unannounced. The inspection was carried out by two inspectors, a specialist advisor in nursing care, 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 service. The expert had experience of caring for someone who used care services.

Before the inspection we reviewed information we held about the service and information we had received about the service from people who had contacted us. We contacted the local authority that had funding responsibility for the some of the people who used the service.

We met people who used the service and we spoke with seven people on a one to one basis. We observed staff communicating with people who used the service and supporting them throughout the day. We spoke with two relatives of people who used the service. We spoke with the manager, the proprietor, two nurses, one care team leader, two care staff, the maintenance person and the cook.

We looked at the care records of five people who used the service and other documentation about how the home was managed. This included policies and procedures and records associated with quality assurance processes. We looked at two staff recruitment files to assess the recruitment process.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection carried out on 29 April 2014 we found that people were not protected against the risk associated with medicines. This was because while the provider had appropriate arrangements in place to manage medicines these were not always followed by staff. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Management of Medicines; which following legislative changes of 1 April 2015 corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

People received their medicines as prescribed by their doctor or pharmacist. We saw that medicines included controlled drugs, were generally stored, administered and disposed of correctly and there were policies and procedures in place to support this. However, we found that controlled drugs were stored in a cupboard that was warm to touch due to heat coming through the wall. This meant that the medicines within the controlled drugs cupboard may not have been stored at the correct temperature and may have either lost their effectiveness or become unsafe to use. The manager agreed that they would move the cupboard to an area that was cooler. We found one medicine that had not been stored correctly. This was a controlled drug that had been brought in by a person who was at the service for a short stay. The person was not currently receiving the medicine and it had not been stored within the controlled drugs cabinet. It was possible for anyone to access this medicine as it had been stored in an unlocked room. The medicine had not been recorded appropriately in the controlled drugs book. This meant that there was no record of this medicine in the home. We discussed this with the manager who confirmed that this had not been opened and it was moved to be stored correctly.

Staff had received training in medicines management and there was a qualified nurse on each shift to administer medicine to people who received nursing care. We saw that where people were prescribed medicines as PRN [as required] there were protocols in place for staff to follow to ensure that people received the right amounts at the right time. We saw that there was an audit process in place that was completed monthly to make sure that all processes were followed correctly. The audit had not identified all areas for improvement. For example creams and eye drops were not consistently dated when they were opened. We discussed this with the manager who advised that the audit would be amended to make it more robust and ensure that all creams and eye drops were dated when they had been opened.

We found that people were not consistently protected from risks relating to their health and safety. Risks had not always been assessed.

Staff managed some of the risks relating to people's care well. Each care plan had information included about the risks associated with people's care and how staff should support the person to minimise risk. For example, one person had a risk assessment in place around going out by themselves. This had been completed as the person had a health need that meant they could be at risk if they went out without staff support. Most risk assessments were reviewed monthly, or when someone's needs changed. This was

important to make sure that information was current and was based on people's actual needs. We saw that some risk assessments had no review dates on them and had been in place for more than 12 months. This meant that people's needs may have changed and these may not have been recorded in the risk assessments. We discussed this with the manager who advised that the risks were still current. The manager told us that they would make sure that all risk assessments were reviewed monthly.

We found that one person had come to the service for a short stay. They had been at the home for one week at the time of inspection. They had experienced two falls during their time at the service. The service had failed to identify this as a risk to the person's safety and welfare and carry out a relevant risk assessment to reduce the associated risks. We spoke with the manager who implemented a falls risk assessment and put control measures in place to reduce the associated risks to this person by the second day of the inspection. The provider had not effectively assessed, identified or managed the risk to the health and safety of the person of receiving the care or treatment.

We found that some radiators in the communal areas, corridors and some people's bedrooms were very hot to touch and painfully hot to hold. One person told us, "I keep the windows in my bedroom open as it is too hot in there." The manager told us that a new boiler system had been installed and this was still being regulated to the correct temperature. This presented a risk to people who used the service, particularly those at risk of falling and those who would have been unable to either recognise or respond to the danger. There were people who lived at the service who were living with dementia and who may not have recognised the danger of the temperature of the radiators. There were also people who lived at the service with limited mobility who may have been at risk if they had fallen against a radiator and were unable to get up. A risk assessment had not been completed to assess the risk to people who used the service.

Water temperatures had been taken twice in November 2015 following the installation of the new boiler system. Water temperatures were recorded as high as 58 degrees in bedrooms and communal areas. The maintenance person told us that the contractor had been contacted to reduce the water temperature. Following this water checks were recorded again and were still between 50 and 57 degrees in some bedrooms and bathrooms. We found that some water was very hot when the tap was run. We found that some taps were marked caution hot water but this was not in place for all taps that were found to have very hot water. This meant that people may not be aware that the water was very hot before they used the taps. This could have placed them at risk of scalding.

We discussed these issues with the manager and the proprietor. They agreed that water testing would be carried out on the second day of the inspection and weekly after this. The proprietor also confirmed that they would have radiator covers fitted to all radiators to reduce the risk to people who used the service. The provider had not ensured the safety of their premises and the equipment within it. The systems and processes in place had not assured compliance with national guidance.

We found that there was no Legionella risk assessment in place. Legionella testing had been carried out previously on 18 August 2014 but had not been carried out since then and was out of date. Some taps and showerheads were showing signs of scale. The proprietor and maintenance person were not aware of their responsibilities in this area, had not had training and were not undertaking the appropriate safety control measures. We discussed this with the proprietor who agreed that they would arrange for an external company to complete training with all relevant staff and carry out the testing.

We saw that one piece of healthcare equipment had not been cleaned weekly so that it would be ready for use if it was needed. The guidance for this equipment was that it should be cleaned weekly. There was a cleaning schedule in place. We saw from the records this this had not been cleaned since 26 October 2015 to

the date of the inspection. We discussed this with the manager who told us that they would make sure that this was cleaned and the records checked weekly to make sure that the cleaning continued to take place.

These matters constituted a breach of Regulation 12 (2) (a), (b) & (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe Care and Treatment.

People who used the service told us that they felt safe. One person told us, "All is safe." Another person told us, "It is safe." Relatives told us that they felt people were safe. One relative told us, "The staff are good."

Staff we spoke with had an understanding of how to protect people from types of harm and abuse. They understood their responsibilities to report any safeguarding concerns to a senior staff member, but not all staff were aware that they could report concerns to external professionals such as the local authority or the Care Quality Commission. The management were aware of their responsibilities to report any safeguarding concerns to the local authority. Staff told us that they had not reported any safeguarding concerns but that they were confident that any concerns would be taken seriously by the registered manager. Staff training records showed that some staff still needed to complete safeguarding training. The manager advised that they were ensuring that all staff were booked to attend safeguarding training.

People told us that they generally felt there were enough staff, but they did not get time to talk with them. One person told us, "There is no time to chat as the next person is booked in to be cared for." Staff told us that they felt there were enough staff generally. One staff member told us, "About one shift a week we are one person down." Another staff member told us, "There are not enough senior care staff who are trained to administer medication, this means that the nurse has to do all of the medication and that takes a long time." We saw that staff had discussed staffing levels with the manager in a team meeting. We saw from the minutes that the manager had discussed the formula that they used to determine staffing levels. We looked at the rota and saw that there were five care staff on duty in the morning, as well as a nurse, a cook and a dining room assistant. In the afternoons we saw that there were four care staff on duty as well as a nurse. These staffing levels were in line with how the manager determined staffing levels. We saw that there were three occasions on the rota over a three week period where there had been one less staff member than the levels that had been agreed by the manager. The manager told us that this had been due to sickness and holidays. They told us that they had recruited new staff to ensure that there were more staff available for cover in the case of sickness or absence. The manager told us that they were available to provide cover if required.

Staff maintained records of all accidents and incidents. These were monitored by the manager and where incidents occurred where staff were not able to say what had happened, for example bruising where the person could not remember what had happened, the manager told us that they would investigate the circumstances. We saw that an audit was carried out by the manager to record the incident and any outcome from the incident.

The premises were still undergoing refurbishment works following the installation of a new boiler system. People told us that they had not found the building works to be a problem. One person told us, "The building work was okay, I like the banter with the builders." Another person told us, "I just closed the door if the noise got too much." We saw that redecoration was still taking place. The manager showed us a list of works to be completed. This did not have timescales on it but recorded when works had been undertaken. This meant that people did not know when the work and redecoration would be completed.

People told us that the premises were clean. One person told is, "It is very clean." A relative told us, "The bedroom carpet has not been done recently. I am not sure if that is because some are getting new carpets

with the building works." We saw that domestic staff were employed. The manager told us that two staff were allocated to clean a person's room until all rooms had been cleaned thoroughly following the building works. However, we saw that some areas including the floor in the linen cupboard, light fittings and carpets appeared to be dirty. The manager told us that they would monitor the cleaning to make sure that this was completed fully.

Staff told us that fire drills were carried out weekly. We saw from the records that these were taking place along with visual checks of fire equipment. We saw that fire drills had taken place, although staff did not complete the records thoroughly. For example it was not recorded how long it had taken to evacuate the building. We saw that emergency lighting was tested annually but was not inspected any more frequently to make sure that this was working correctly. Where someone had specialist equipment, for example a hoist, we saw that this had been regularly serviced. We saw that the lift was due to be serviced in December 2015. The manager agreed that this would be followed up.

The provider had a recruitment and selection procedure in place to ensure that appropriate checks were carried out on staff before they started work. We looked at the staff records for two people who currently worked at the service; the files did not contain all relevant information. For example where a member of staff had a gap in their employment there was no explanation for the reason for this. We saw that Disclosure and Barring checks had been carried out, however the records did not show what date the check had been carried out for all staff. This meant that it was not possible to show that the appropriate checks had been carried out for all staff before they started working at the service. The manager said that they would make sure that the date all checks had been carried out would be recorded and they would speak to staff to confirm details for the reasons for gaps in their employment.

Requires Improvement

Is the service effective?

Our findings

People told us that they felt cared for by staff who knew them well. One person told us, "The staff are good." Another person told us, "It is all good here."

Staff told us that they had completed an induction. They told us that this included shadow shifts where they worked with other staff. Staff files we looked at did not include details of any induction. The manager told us that checklists had not been completed. The manager showed us a record they were introducing to record that staff had completed an induction. The manager told us that they planned to introduce the care certificate next year. The care certificate is an identified set of standards that gives care workers an introductory set of skills, knowledge and behaviours to follow in their working practice.

Staff told us that they enjoyed the training they had completed. Comments included, "Training is very good," and, "I'm there, I have had all the training I need to do my job." We saw the training matrix that was used to monitor the training needs of the staff team. This showed that staff had completed training in a range of subjects, including training that was specific for the needs of the people they worked with. However, the training matrix did identify gaps in training and showed that a number of staff had not completed a range of courses. The manager advised that they were working to make sure that staff completed their training. Where specific training was required for a nursing procedure, the nurses told us that this was provided by staff at the hospital. This meant that the nursing staff were keeping up to date with training for nursing tasks that they were completing.

Some staff told us that they felt supported by the management within the home. One staff member told us, "I can talk to the manager, they are approachable" Another staff member told us, "We are not supported, I feel out on a limb." We saw from records that there was a supervision template in place that covered a wide range of topics; however we saw that staff had not received regular supervision. One staff member told us, "I have had supervision recently." Another staff member told us, "I have not had supervision since the new manager came in post." The manager told us that they planned to carry out supervision meetings at least six monthly for care staff. The manager told us that they were working with the local authority to identify a suitable way to make sure that the registered nurses had clinical supervision. This is supervision where a registered professional has somewhere to discuss their practice.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people may have been deprived of their liberty the registered manager had made applications to the 'Supervisory body' for authority. These were waiting for authorisation.

Three of the staff we spoke with told us that they had received training in MCA and DoLS and could tell us how people made choices. For example one staff member explained to us that people had the right to refuse their care and support and they would document this. Care plans included information about how people made choices but this had not been completed in all of the files we looked at. The manager advised that care plans were being updated and this information would be added to all files. We saw that people were asked to sign their care plan to say that they agreed to receive the care and support recorded within the plan. .

People told us that there were choices at mealtimes. One person told us, "Sometimes I don't like it, but I just choose something else instead." People told us that they liked the food. One person told us, "The food is good." Another person told us, "They do mash for me instead of chips on a Friday. The food is good." A relative told us, "[Person's name] is eating well." A member of staff was employed to support people during mealtimes to make sure that people had support if they needed it. We saw that most people ate in the dining room and came into the room when they wanted to. When people came into the room they were given a choice of fruit juices. People had chosen their meal the day before so we saw that their meal choice was given to them quickly when they came to the dining room. People were not reminded what it was that they had chosen, or what the meal was they had been given. This meant that people were not being given information about what they were eating. There was a menu in the kitchen with planned meals but it was not available for people as a reminder. People told us that meal choices had been discussed during residents meetings, and the cook told us that people were involved with developing the menus. One person told us, "I don't like the sausage rolls cold. We had a meeting where we were asked our opinions. I wanted hot sausage rolls. I was cheeky and asked for pizza. We still get cold sausage rolls but have had pizza."

People had care plans which included information on dietary needs. We saw that the kitchen staff had access to information about people's dietary requirements such as diabetes, soft and liquidised diets and allergies. There was a communication book in place to note any changes to people's requirements. We saw that monitoring charts were used where needed to monitor people's fluid or food intake. We saw that it was recorded how much people had eaten or drank, but not what size portions they had been given. For example one person had pork chops, mashed potato and vegetables. It had been recorded that they had eaten all of this meal. It did not say the quantity of the food that had been given. This meant that monitoring would not provide detailed information to show if people were eating appropriate amounts of food. We discussed this with the manager who agreed that the monitoring did not provide enough information. She told us that she would adapt the form to make sure that the quantity of food given was recorded.

People's healthcare was monitored and where a need was identified they were usually referred to the relevant healthcare professional. We saw that the doctor visited the home on Mondays and Fridays. People told us that they were happy with this. One person told us, "The doctor is on top of things." We saw that one person had their blood glucose levels monitored. For a period of five months it had been recorded that the blood glucose levels were unstable. Records showed that the registered nurses had recorded that the blood glucose levels were unstable but had not referred this person to the doctor to try and resolve this until they had a diabetes review. We discussed this with the manager who advised she would review this with the nursing staff.

People were supported to attend routine appointments to maintain their wellbeing, such as the dentist and chiropodist. Care plans showed that information from health appointments was recorded. We saw that information about health conditions the person had, and associated risks were recorded in the care plans. This meant that staff were aware of potential risks due to the person being diagnosed with a specific condition and what additional monitoring was required.

We saw that monitoring charts were in place for people who were at high risk of pressure sores. Pressure sores are an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure, for example by sitting or lying in one position for a long period of time. We saw that care plans identified that people should be repositioned every two to three hours. We looked at the records for two people for a one week period in December 2015. There were large periods of time where no turns had been recorded. Staff told us that the charts were not always completed fully. People had not developed pressure sores and we saw throughout our inspection that people were being turned. This meant that although staff were carrying out the care correctly the records did not show that this care had always taken place.

We saw that where one person had a percutaneous endoscopic gastrostomy (PEG) tube in place staff carried out cleaning and maintenance of the tube to support the person with their day to day health needs. However, there was no chart in place to record that this had been cleaned or turned after each use as per guidance for the use of this equipment. This meant that although staff were carrying out the care/maintenance correctly there was no record to show that this had taken place.

Requires Improvement

Is the service caring?

Our findings

People spoke well of the care provided. Comments included, "The staff are lovely," "I have nothing to grumble about as the staff are great," "I like it here, it's pretty good," and "The staff are brilliant." One person told us, "I have nice friends here."

Staff knew the people they cared for, and were able to tell us about what people liked and disliked, and how they used this information to support and care for people. One staff member described to us how they supported someone, what they liked and why this was important to the person. We saw that staff communicated with people effectively. They ensured that they were at eye level with the person they were talking to and altered the tone of their voice appropriately. We saw one staff member sat down and talked to a person who had to remain in their bed. The staff member was talking to the person in a soft and gentle tone

People were not sure if they had been involved in developing their care plans. We saw that reviews were carried out each month but these had been completed by the staff. There was no mention of the person being involved. The staff told us that people could be involved if they wanted to be. The manager told us that they planned to develop people's care plans fully and involve the people in this as they updated each plan.

We saw that people did not always receive care and support when they needed this. One person told us that they struggled to hear the television and they needed subtitles. The television was on and there were no subtitles. The person became frustrated that they could not follow the programme. One of the inspection team brought this to the attention of the staff. The staff member said, "Well hopefully the next programme will have subtitles." The person was left unable to follow the programme until something else came on that had subtitles. This meant that the person did not receive the support they needed to allow them to follow an interest they had.

We saw that when someone asked for a staff member to help them, the staff supported the person as soon as they had finished the task that they were completing. They did tell the person they would be with them when they had finished. We saw on one occasion that a member of staff was collecting cups and told the person they needed to finish this task before helping them. Another member of staff came and supported the person. This meant that the first member of staff did not prioritise the needs of the person over the task they were completing. They did not support the person when they needed the support.

Staff told us how they protected people's privacy and dignity, examples of this included knocking on doors, using people's preferred names and using a symbol that was displayed on the door to show that a person was receiving personal care. This meant that other staff would be aware that the person should not be disturbed. We saw that staff were discreet when people needed assistance. We saw that staff provided reassurance and explanations to people when they supported them.

Staff told us how they promoted people's independence. One staff member told us, "I encourage people by

saying you can do it, do this for me." Another staff member told us, "We have one person who used to be hoisted, they now walk to the toilet." We saw that one person was very independent. They told us, "I have told them I want to keep independent I do the cleaning in my room." Staff told us, "[Persons name] does that themselves, they won't let us do that."

People told us that their family visited them and they were supported to maintain contact with them. One person told us, "I use the Wi-Fi to contact my Grandson, he lives in Australia." We saw relatives visiting during the day of the inspection. We saw that there was a room available so people could have privacy if they wanted it when their visitors came.

People were encouraged to personalise their own private space to make them feel at home. We were invited to see some bedrooms. We saw that people had brought their own items to make them feel at home. The communal areas were decorated in a homely manner. We saw that people had individual Christmas presents that were wrapped and under the tree for people to open on Christmas day.

Requires Improvement

Is the service responsive?

Our findings

People were not sure if they had contributed to their assessments and care plans when we spoke with them. We saw that there was evidence that care plans and assessments had been discussed with the person themselves or with family members. Most care plans had been signed by the person or their relative.

We saw that some care plans had information about the person, their needs and preferences. We saw that other care plans had very limited information and had not been fully completed. One staff member told us, "Everybody gets the same care. It would be good if the care was more individualised." We discussed this with the manager. The manager told us that they were updating people's care plans and were discussing these with each person as they updated them to make sure that information was about the individual and their preferences. Care plans had been reviewed monthly. The reviews had been signed by staff and they did not record any involvement from the person. We discussed this with the manager who told us that she had identified this and was working with staff members to make sure that reviews were meaningful and involved the person.

People told us that they were sometimes offered activities. One person told us, "If they have time they do offer, they are stretched. Another person told us, "The activities co-ordinator orders a taxi and takes a couple of us into Loughborough every now and then." One person told us, "It is monotonous in here I would like to go for a walk."

Staff told us that the activities co-ordinator worked three days a week. One staff member told us, "The co-ordinator does stuff with people in their rooms. We do board games, bingo with prizes and life book work." Another staff member told us, "We talk about the past. Entertainers do come in like the church and singers. Maybe we could have more trips out." We saw that the activities co-ordinator was working with people individually. A local school had created links with the home and each person living in the home had been sent a handmade present from the children. The activities co-ordinator was supporting people individually to write a Christmas card to the children. We saw from the activities records that the co-ordinator spent time working with people on a one to one basis frequently and did not provide many group activities. This meant that people were spending time completing activities they enjoyed with this member of staff but this time was limited due to the number of people living at the home.

We saw that a Christmas party had been planned. The manager told us that people had asked if they could have a buffet as they had enjoyed this more than previous events where relatives had been invited to a sit down meal.

People told us that they had residents meetings. One person told us, "We had a meeting where we discussed things." We saw that the manager had held two meetings since they had been in post and the minutes for this were available. We saw that the building works, Christmas, food and any other business had been discussed. There was a comments book available for people who lived at the service and relatives by the front door. This meant that people and their relatives had an opportunity to record any comments they had about the home. The manager told us that they had not carried out a survey seeking feedback from people

who lived at the service or their family. They said they planned to do this in 2016.

All of the people we spoke with told us they would raise any concerns with the staff or the manager. One person told us, "I have no complaints if I did I know I can speak to one of the staff." Another person told us, "I have not had a problem. My son has had them but he goes straight to the manager. There is nothing that has not been resolved. "A relative told us, "There are no problems. If there was I would go to the owner or the manager." Staff told us that they had not received a formal complaint but would know how to report it if they did. We saw that the complaints procedure was displayed. It did not include timescales for responses or ways in which people could escalate their concerns if they were not satisfied. The proprietor told us that they had one complaint recorded in the last 12 months. We saw that a response and an apology had been sent. We were not able to determine when this had been sent as it had not been dated. The proprietor advised that this had been within 10 days. This was in line with the complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

We looked at the audits that had been completed. We saw that a range of audits were in place and should have been completed on a scheduled basis. Audits had not been completed on the scheduled basis. We saw that audits had not identified all areas for improvement or when tasks had not been completed. Audits of turn charts were scheduled monthly. The last recorded audit was in February 2015. We saw that turning charts had not been completed on a regular basis. If people were not being turned or repositioned regularly they could be at risk of developing pressure sores. Medication Audits were scheduled to take place monthly. The last audit had been completed in September 2015. We identified some areas for improvement with medicines at the service. The audit had identified that a signature had been missed but had not picked up other issues such as the temperature of the controlled drugs cabinet or creams not always being dated when opened. There was no auditing system in place that effectively monitored that checks were being carried out on equipment, including a suction machine for emergency use. This had not been cleaned since the 26 October 2015. The guidance for this is that it should be cleaned weekly and ready for use in an emergency situation. This meant that if the suction machine was needed it would not be ready for use which could put people in danger if they required their airway to be cleared. Audits were carried out on the condition of the home. These had failed to pick up on concerns with the environment including the temperature of the hot water and the surfaces. This meant the people were at risk of burning themselves on the radiators or the hot water. This meant that the provider had not assessed, monitored or improved the quality and safety of the service that had been provided.

There was no system in place to ensure that checks were being carried out in relation to legionella testing. The tests had not been carried out in August 2015 when they were due. The proprietor and maintenance person were not aware of their responsibilities in this area and were not undertaking the appropriate safety measures. This may put people at risk of contracting legionnaire's disease.

We saw that records were not completed accurately, completely or contemporaneously. We looked at the records for turning charts for one week in December 2015. These were in place for people who had been assessed as being at high risk of developing pressure sores. We saw that there were large periods of time where no turns had been recorded, although care plans identified that people should be repositioned every two to three hours. The gaps in the records ranged from four hours and fifteen minutes to eleven hours and thirty minutes. Staff told us that the charts were not being completed fully. We saw that staff were turning people. If staff had not been turning people on a regular basis they could have been at risk of developing pressure sores. This meant that although staff were carrying out the care correctly the records did not show that this care had always taken place.

We saw that where one person had a percutaneous endoscopic gastrostomy (PEG) tube in place staff carried out cleaning and maintenance of the tube. However, there was no chart in place to record that this had been cleaned or turned after each use as per guidance for the use of this equipment. This meant that although staff were carrying out the care/maintenance correctly there was no record to show that this had taken place.

We found that one person had come to the service for a short stay. They had been at the home for one week at the time of inspection. The service had failed to carry out a complete assessment for this person. They had experienced two falls during their time at the service. The service had not completed a relevant risk assessment to reduce the associated risks. A medication administration record (MAR) chart had been completed when the person came to the home. One medicine had not been recorded on the MAR chart and had been stored incorrectly. This was a controlled drug. It had been stored in an area where people could access this medicine. This meant that other people could be at risk of taking this medicine that had not been prescribed for them. The person was put at risk of falls and at risk of not receiving their medicines as the service had not completed a full assessment of the persons needs prior to their stay.

Systems and processes in place were failing to assess, monitor and improve the quality of the service. Systems and processes in place were failing to mitigate risks relating to people's health, safety and welfare. An accurate, complete and contemporaneous record for each service was not being kept.

These matters constituted a breach of Regulation 17, (1) (2) (a) (c) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014: Good Governance.

People told us that they were happy living at Longcliffe Nursing Home. One person told us, I like it here. I have nothing to grumble about." Another person told us, "It is pretty good here."

The manager started to work at the service in June 2015. They confirmed that they were submitting their application to the Care Quality Commission to apply to be the registered manager. Staff told us that they felt that the change in management was positive. One staff member told us, "The new manager is much more open and approachable." Another staff member told us, "I really like the manager. I could definitely talk to them." Another staff member told us, "It is fun working here. I often enjoy coming to work."

Staff were encouraged to provide feedback and their views were sought by the manager. A staff survey had been carried out in November 2015. The manager had only just received the feedback from this. They told us that they would review the information received and take action if required.

Staff told us that they knew how to raise suggestions for improvements and felt comfortable to do so. We saw minutes from staff meetings where staff were encouraged to discuss the service. The manager had been very open and honest with staff about what was happening in the service and about feedback received from contract monitoring visits that had been carried out by the local authority. We saw that feedback had been given in detail to the staff and a plan of how to improve the service had been developed with staff contribution. We saw that the manager had thanked the staff for their hard work.

A monthly newsletter was produced that was available to people who lived at the service and their relatives. We saw a copy of this and it included dates of birthdays and important dates for people who lived at the home, information about the service and information about events that were happening at the service.

The manager understood their responsibilities to report events they were required to report to the Care Quality Commission. They had applied to become the registered manager and could explain the responsibilities of this role.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not effectively assessed, identified or managed the risk to the health and safety of the person of receiving the care or treatment. The provider had not ensured the safety of their premises and the equipment within it. The systems and processes in place had not assured compliance with national guidance.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to operate effective systems and processes to assess and monitor the service. There was a failure to maintain an accurate, complete and contemporaneous record including a record of the care and treatment provided to the service users. There was a failure to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

The enforcement action we took:

The provider is required to become compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 above by 12 February 2016.