

Pentlow Nursing Home Limited

Pentlow Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Pentlow Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Pentlow Nursing Home provides accommodation for up to 60 older people. It spreads over two neighbouring buildings called Pentlow and Summerdown. People's nursing and support needs varied, some were living with complex nursing needs, including end of life care, diabetes, stroke, heart conditions and Parkinson's disease. People needed support with their personal care, eating and drinking and mobility. Some were living with a dementia and memory loss and required support with this, along with their physical care needs.

This inspection took place on 18 and 23 October 2018 and was unannounced. At the time of this inspection 34 people were living at the service, 11 in Summerdown and 23 in Pentlow. The first day of the inspection was unannounced, this meant staff did not know we were coming.

We had previously carried out an inspection in December 2014 where we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We returned in June 2016 where we found improvements had been made and regulations had been met. However, further improvements were needed. We inspected the home again in August 2017 where we found some improvements but we found further and ongoing areas that required improvement, we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the management of medicines did not always provide clear records to ensure medicines were given safely and in a consistent way. Agency staff were relied on as part of the regular staff provision. They had not received training on specific care and practice related to the service they were working in. The care documentation and records did not always provide staff with the information and guidelines to provide person centred care. The quality monitoring systems did not always establish best practice or identify all areas for improvement.

The provider sent us an action plan and the registered manager provided monthly updates on the progress being made to ensure the regulations were being met. At this inspection we found a number of improvements had been made. However further improvements were required. This the fourth time this service has been rated Requires Improvement.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management of medicines still did not always ensure medicines were handled safely and in a consistent way. Medicine records and care documentation were not always completed to ensure GP prescriptions were appropriately recorded and followed. When people were prescribed 'as required'

medicines guidelines were not provided to ensure staff gave these in a consistent way.

Infection control measures had not ensured the sluice rooms were hygienically clean. This meant there was a possible risk of cross infection.

The quality monitoring systems did not always establish best practice or identify all areas for improvement. The quality monitoring audits had not addressed ongoing problems with the safe handling of medicines, inconsistent records, and the risk of cross infection in the sluice rooms. Care records were not complete and were not always accurate for each person.

There was a structured management team with identified roles and responsibilities. However, staff gave mixed feedback on how the management team supported them, some were positive and others were negative saying they were unhappy and felt undervalued. This could lead to staff instability which would impact on people's care.

People told us they were satisfied with their care and treatment and were looked after by staff who knew and understood their individual needs well. Staff were kind and treated people with respect, promoted their individuality and independence whenever possible.

Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Recruitment records showed there were systems which ensured as far as possible staff were suitable and safe to work with people living in the service. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had an understanding of DoLS and what may constitute a deprivation of liberty and followed correct procedures to protect people's rights.

Staff were provided with a full induction and training programme which supported them to meet the needs of people. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills that people's needs could be met. The registered nurses attended additional training to update and ensure their nursing competency and skills were maintained.

Staff monitored people's nutritional needs and responded to them. Preferences and specific diets were provided to ensure people's health and safety was maintained. People were supported to take part in a range of activities maintain their own friendships and relationships with whoever they wanted to.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and in 'resident's meetings'. Satisfaction surveys had been completed. People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

We found 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 this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

Guidelines and records relating to some medicines were not clear and did not ensure all medicines were administered safely and in a consistent way.

Although the environment and equipment was well maintained to ensure safety, the sluice rooms were not clean.

People told us they felt safe living at Pentlow Nursing Home.

Staff had received training on how to safeguard people from abuse and were clear about how to respond to any allegation of abuse.

There were enough staff on duty to meet people's care needs and appropriate employment checks had been undertaken.

Risk assessments were used to assess potential risks and staff responded to these.

Requires Improvement 

Is the service effective?

The service was effective.

Staff were trained and supported to deliver care in a way that responded to people's needs.

Staff had an understanding of the Mental Capacity Act 2005 and DoLS and the need to involve appropriate people, such as relatives and professionals, in the decision making process when people lacked capacity.

Staff ensured people had access to external healthcare professionals, such as the GP and specialist nurses as necessary and had established good links with local community resources.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Good 

Is the service caring?

Good 

The service was caring.

People were supported by kind and caring staff. Relatives were made to feel welcome and encouraged to stay as long as they wished.

Everyone was positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were fully assessed and responded to.

There was a comprehensive and personalised activity programme which people enjoyed participating in as they wished.

Complaints had been investigated and actions documented.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality monitoring systems were not effective and did not always establish best practice or identify all areas for improvement.

Staff gave mixed feedback about the management style and approach. Some were negative while others were positive.

The registered manager was committed to developing the service and establishing good standards within the service.

People had the opportunity to share their views and be listened to.

Pentlow 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.

The first day of inspection visit took place on 18 October 2018 and was unannounced. The inspection team consisted of two inspectors, a pharmacist Inspector 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. The second day of inspection took place on 23 October 2018 and the registered manager was advised of this visit.

Before our inspection we reviewed the information we held about the service. We considered information we had been given, including telephone contacts, share your experience forms which are generated when people contact us online, safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider completed a 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.

Before the inspection we spoke with the local authority who commissioned care for people from the service. During the inspection we talked with 10 people who used the service and four visitors.

We spoke with various staff members including the registered manager, operations manager, the deputy manager, the activities co-ordinator, the chef, two registered nurses, the training and quality manager, a member of the maintenance, housekeeping and catering team along with eight care staff. We spoke with two visiting professionals including a specialist nurse. Following the inspection, we spoke with two people's representatives and one nurse health care professional.

We spent time observing staff providing care for people in areas throughout the home and observed people having lunch in the dining room. We used the Short Observational Framework for Inspection (SOFI) during the first day. SOFI is a specific way of observing care to help us understand the experience of people who

could not talk with us.

We reviewed a variety of documents, which included people's care plans and associated risk and individual need assessments. We looked at three recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality assurance records.

Is the service safe?

Our findings

At our inspection in August 2017 this key question was rated Requires Improvement because systems and procedures did not ensure all medicines were administered safely and in a consistent way. The lack of safe and consistent practice for medicine administration was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found that some practice had improved, however further improvements were required and the rating for this key question remained Requires Improvement.

Systems and processes for the management of medicines were not always safe. Some medicines, including dressings, belonged to people that were no longer living at the home. There was a risk that these could be administered to people that they were not prescribed for. Some people were prescribed medicines on a 'when required' basis. Suitable guidelines were not always in place or up to date to ensure these medicines were given in a safe way and in accordance with the GP's prescription. For example, one person's 'when required' guidance had a maximum daily dose that exceeded what was prescribed.

One of the medicines was transcribed by the nurse onto the MAR but this did not include a warning not to take with other paracetamol containing products. There was a risk that the person could be given too much paracetamol. Another person's medicine was prescribed to be taken as directed. Doses were handwritten on the MAR and these had not been checked for accuracy and signed by a second member of staff. This is against Nursing and Midwifery Council (NMC) guidance for the safe management of medicines. Staff told us that the doses had been obtained from the GP. However, we could not find the doses recorded in the person's care records.

People's care plans for long-term conditions such as diabetes were not always detailed with information of their current medicines and doses. For example, one person did not have a care plan that covered this condition and another only provided guidelines to staff following a seizure. This meant that staff would not always know what to do if the person's diabetes was not controlled and their blood sugar was too high or too low. Nurses had completed risk assessments for each person when moving to the home to determine the level of support people required to take their medicines safely. However, the risk assessments were not reviewed regularly and there were gaps in records. For example, one person did not have their risk assessment reviewed for six months. This meant that people may not always receive the right level of support with their medicines to enable them to take them safely and effectively.

We found the sluice rooms used for the disposal of waste products and the cleaning of commode pots, bed pans and urinals was not hygienically clean. Areas within these rooms also included surfaces that could not be cleaned effectively and could pose a risk of cross contamination. For example, there was rough wooden surfaces in one sluice and untiled plaster in another. The risk posed by poor cleaning was identified to the operations manager during the inspection. Further cleaning of these areas was introduced to reduce the risk.

The lack of consistently safe handling of medicine and the risk of cross contamination was a continued

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

Other areas relating to medicines were found to be well managed. The storage arrangements were safe, and access was restricted to staff authorised to handle medicines. Unwanted medicines were recorded and disposed of appropriately. Staff checked and recorded quantities of people's medicines regularly and we found these to be correct. Medicines were within their expiry dates and liquid medicines had the date of opening recorded on bottles. Staff gave medicines to people safely and in a caring manner. Staff signed for medicines after they were given and recorded when they had applied creams to people during their personal care. Communication with the GP and medicines reviews by the pharmacist were recorded in people's care plans.

The service was adequately clean apart from those areas mentioned above, and there was a team of domestic staff to make sure cleanliness levels were maintained. People told us the standard of cleanliness in the service was good, one said, "Very clean and tidy here." Staff made sure infection prevention and control was considered when supporting people with their specific care needs, such as continence care, and used the relevant personal protective equipment (PPE) such as gloves or aprons when needed.

People told us they felt safe with the service being secure and staff available at any time. Comments included, "I feel safe, they are very trustworthy, the staff make me feel safe, security is good," and "Yes very safe here, the staff are very good, always come to you, no problem with safety or possessions, I would talk to any member of staff if I did not feel safe." Relatives were confident that people were safe living at Pentlow Nursing Home. One told us, "I feel he is very safe here, if it wasn't for here we would not have him, I could not keep him safe at home."

Staffing arrangements included separate staffing for Summerdown and Pentlow. Each had a registered nurse allocated covering the 24 hours. Since the last inspection staff recruitment had reduced the need for agency staff and regular staff were working in the service most of the time. People told us staff were available and responded to their care needs, but said staff were very busy and had little time for any interactions. One person said, "I need help to get up and go to bed, I get up when they can help me, if I ring they come as quickly as they can, they are always busy." Feedback from care staff indicated that they felt the staffing levels were at times too low. We did not see that this impacted on the care provided and the registered manager confirmed staffing levels were kept under review using feedback from staff and people.

Staff had received training on safeguarding adults and understood their individual responsibilities to safeguard people. Staff were confident in the reporting any safeguarding concerns. Care staff told us they would raise any concern directly with the registered nurses on duty. The registered nurses could describe the safeguarding procedures to follow to ensure any risks were removed and referred to the appropriate authorities. Records confirmed the registered manager worked effectively with the police and local authority when any concerns were raised. Information about safeguarding concerns and outcomes were shared with staff where appropriate. This helped to ensure they were all aware of what steps to take to prevent a reoccurrence.

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the service. Checks included a full application form, confirmation of identity, references and a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. There were systems in place to ensure staff working as registered nurses had a current registration with the Nursing and Midwifery Council (NMC) which confirmed their right to practice as a registered nurse. Where concerns were raised about prospective staff past conduct these were reviewed with the human resources

department. This ensured people were protected and prospective staff were treated fairly.

People were supported to remain safe. Systems to ensure the security of the service were in place with all visitors entering a reception area and signing a visitor's book before entering the service. Health and safety checks and general maintenance were established and completed routinely by the maintenance staff. Emergency procedures and contingency plans were established for staff to follow and use. There was an 'on call' system to provide advice and guidance from senior staff from within the organisation. A fire risk assessment had been completed and fire equipment was checked and maintained. Emergency information was accessible in the front entrance of the service and staff knew what to do in the event of a fire.

Risks were identified using the risk assessment process within the care planning system. This gave an overview of people's risks associated with their care and support. Risk assessments contained information about people's mobility, skin integrity, nutrition and health related conditions. Where people were at risk of falling there was guidance about regular checking and the use of equipment to keep people safe. For example, the use of bedrails to prevent people falling from bed. These were used when people wanted them and when the risk assessment identified they were appropriate to use.

Accidents and incidents had been recorded and the computer system used ensured they were reviewed by the registered manager or her deputy. This overview made sure appropriate action was taken to reduce the risk of future accidents and incidents. Staff were aware of the importance of recording any incidents or accidents that occurred.

Is the service effective?

Our findings

At our inspection in August 2017 this key question was rated Requires Improvement because Pentlow Nursing Home relied on agency registered nurses and care staff to maintain the service. These staff had not received a suitable induction and did not fully understand people's health and care needs. This inspection found that staff recruitment had been successful and this had minimised the use of agency staff. This meant most staff working in the service were regular staff who knew people well. The staffing allocation ensured agency or new staff always worked with more senior staff who worked regularly in the service.

People told us staff responded to their individual needs and understood how to look after them according to their preference and assessed need. One person said, "The staff do understand me and look after me well." Another said, "The staff are very good, they treat us as individuals." Relatives told staff responded to people's needs and acted in a professional way. One relative said, "Staff know how to look after him and they do a good job." Another said, "Staff are trustworthy and I know he is well cared for."

People received care and support from a trained team of staff. The provider had established a rolling programme of essential training for all staff. A training and quality manager reviewed and monitored the training provided and ensured all staff completed the required training within the appropriate time scales. All new staff received a full induction, which included shadowing experienced members of staff. Training was varied and included practical training and support to enable effective care. For example, moving and handling included the use of equipment in the service and new staff had time set aside for an orientation to the building. This gave staff a confidence in locating people, staff and responding to people's needs in a timely fashion. All staff received training on people's specific care needs including dementia awareness and MCA and DoLS. Registered nurses received additional training to support their clinical role. This had included medication management, catheterization, diabetes, end of life care and syringe driver use.

Staff training was used to develop staff skills and interest. Staff had been booked on dementia friends training and a domestic staff member had recently completed champion training on infection control to enable a lead role in this area. The registered nurses were also attending further training on end of life care provided by the local Hospice. This was to include an update on pain management. There were systems for staff to receive regular supervision and annual appraisal. Staff said they received supervision on a regular basis.

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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. All the staff had received

training on the MCA. Consent to care and treatment was sought and recorded. Processes were followed to assess people's mental capacity for specific decisions, for example, in relation to the use of bed rails. Meetings to reach decisions on behalf of people and in their best interests were carried out and documented. These included appropriate people and staff had recorded when people had specified anyone to make decisions for them, when they lacked capacity to do so for themselves. For those people who lacked capacity and had their liberty restricted in order to meet their care needs appropriate DoLS applications had been made to the local authority as per legal requirements. The registered manager kept in contact with the local authority to review these applications.

Pentlow and Summerdown had been adapted to meet the individual needs of people with nursing needs. Various equipment was provided to ensure people were as independent as possible. For example, one person could only make small movements with their hands. They had equipment that supported them to call for assistance and control electrical equipment in their own room. People were supported to move around the home and were assisted to remain mobile by staff. All floors of the service were accessible via a lift. Walking aids, such as walking frames were provided and staff assisted people who were unable to weight bear to transfer using either stand aid hoists or electrical hoists. People said that they could get around the service as they wanted. There was an attractive garden with a number of seating areas. The garden was safe and accessible to people. One person said, "I enjoy the garden and use it as much as I can."

People were mostly very satisfied with the food provided. Comments included, "Food is very good, we get a daily choice, plenty to eat and drink, I try to keep away from the cakes!" and "The food is excellent, we get a choice and enough to eat and drink." Staff told us the food was provided to a good standard as they ate from the same menu. People said there was choice and their preferences were responded to. Staff including the catering staff were familiar with peoples' nutritional needs and preferences. For example, some people had allergies and avoided some food types including dairy.

People were supported to have enough to eat and drink. People could choose where they had their meals. Dining rooms were available and were well presented. One person said, "I go to the dining room, it is a nice experience being with other people." Fresh drinks and snacks were available in the service and made available to people. For example, people were offered crisps during an activity in the lounge. Staff were available to support and encourage people to eat both in the dining rooms and in people's own rooms. Staff were not rushed and gave people time to eat. They sat next to them and were patient in their approach.

People's nutritional needs were assessed, reviewed and responded to. People's weights were monitored along with people's appetites and a nutritional risk assessment was completed. This identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. When nutritional concerns were identified specialist advice was sought through the GP. For example, if people had difficulty in eating and swallowing. The catering staff were committed to meeting any individual need along with ensuring people enjoyed their meals. The cook had recently completed training on the different textures for foods to ensure safe consistency for people who have a risk of choking. All the food was attractively served and this included the pureed and soft meals.

People were supported to maintain good health and received on-going healthcare support. People said they were supported to have medical advice when they needed it and said they could see a GP whenever they wanted to. One person told us, "A Doctor, Dentist can be arranged, I saw the Chiropodist today." Staff worked with health and social care professionals for the benefit of people. They contacted them when necessary and implemented any advice given. For example, staff referred to tissue viability specialist nurses whenever a wound did not heal as expected.

Is the service caring?

Our findings

Staff attended to people's needs in a kind and caring manner and this was maintained through their daily contact with people. People told us staff were "Very good, they work hard," and "Staff are very nice." Relatives were also positive about the approach of staff and said, "Very good staff, patient and caring, very good with him," and "The staff are marvellous, so patient."

Staff engaged with people in a positive and relaxed way. They chatted with people in communal areas and when providing care and support. Staff asked people what they wanted, listened to what people said and acted on what they were told. They engaged with them in meaningful conversation asking about family and friends. Staff were polite and courteous in their contact with people and shared a joke. Staff knew people's names and talked with, and listened to, people in a kind and caring manner. Staff demonstrated their concern for people's well-being and safety and attended to them with a genuine caring approach. For example, when people needed assistance to move from one area to another, staff explained to them what they were doing and offered reassurance throughout.

Staff supported people to maintain relationships with their friends and families and to make new friends with people living in the service. People were introduced to each other and staff supported people to spend time together. For example, a person who had recently moved into the service was introduced to people in the lounge and staff involved them in a group quiz.

Staff understood friends and family were very important to people and recognised people had different experiences and needs from relationships. Some people wanted their partners or friends to assist with their personal care. Staff worked with people to ensure people's wellbeing was promoted and understood this was important for family and friends to still be involved. One relative told us, "He comes home for lunch sometimes with a carer, that is lovely, she is lovely as well, the staff treat me wonderfully as well." Staff welcomed visitors who could visit at any reasonable time. People's visitors could stay for as long as they wished and often stayed for a meal. One friend told us, "We had a lovely meal together in the dining room the other day."

People's dignity and privacy was maintained. People were supported to maintain their own personal hygiene and to dress as they wanted. Preferences regarding this were recorded within individual care plans. For example, when and how men wanted to be shaved. People had their clothes well laundered and the domestic staff ensured all personal clothing was named discreetly. People's bedrooms were seen as their own personal area and private to them, with staff only entering with permission. One person told us, "Definitely treated with respect and dignity, they always knock on the door." Privacy signs were used on the doors to prevent any disturbance when people were receiving care or had chosen not to be disturbed. People's rooms were individual and contained items that were important to them. This included pictures and photographs to make rooms look more homely.

People were supported to make their own choices and their individual beliefs were respected. Staff had a good understanding of dignity, equality and diversity. They were aware of the need to treat people equally

irrespective of age, disability, sex or race. A diverse work force supported this view and a person told us, "There is a mixture of nationalities with the staff, I am very comfortable here, and we all get along well." People could get up and go to bed when they liked and were supported to make decisions about what they did each day. One person said, "I choose my clothes and how my room is," another said, "I have a shower whenever I wish." One person had moved their own divan bed into the home as this was their preference. Some people preferred to spend their time in the privacy of their own rooms and others liked to sit in one of the communal areas. Staff understood people wanted to maintain links with religious organisations that supported them in maintaining their spiritual beliefs. People told us staff would arrange for a priest to visit if they wanted one. One person told us they had regular visits from their church and felt her spiritual needs were respected by staff. Another person said, "A priest can be arranged, there is a service on a Sunday."

Is the service responsive?

Our findings

At our inspection in August 2017 this key question was rated Requires Improvement because care documentation used did not provide staff with the information and guidelines to provide person centred care. There were also some inconsistencies in the care provided. The provider could not be assured that people were receiving the best care possible in a person-centred way.

The lack of accurate care records and staff understanding of specific care needs meant services were not organised to ensure people's needs were met in a consistent way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found that practice had improved and the regulation had been met.

Care plans and care documentation completed on the computer system had improved and demonstrated a systematic approach to assessing people's needs. However, some records were not completed in a consistent and accurate manner. We did not find that this had impacted on care in a negative way and have addressed this matter further under the well-led section. The computer system was used to assess and record the care and support provided on a daily basis and this reflected a person-centred approach to care.

Before people moved into the service the registered manager or deputy manager completed an assessment of individual need. These needs were discussed with the senior staff to ensure a suitable placement was progressed. For example, ensuring staff had suitable training to meet the assessed needs. The initial assessment was developed further following admission and included information about people's likes and dislikes and how they would like their care provided. For example, people were asked if they had a preference on the gender of care staff providing personal care.

Where people were less able to express themselves verbally, people's representative were involved in the assessment process. Relatives all told us they were kept fully informed of any changes in care and felt they were included and involved as their relatives would want. One relative told us, "The staff immediately phone me if he is unwell or has an infection." Another said, "They turn her every two hours to make her more comfortable and safe." People's needs were varied and included complex care needs in relation to their health. Staff had a good understanding of these people's specific care needs and responded to them appropriately. For example, people's wounds and skin damage were responded to in accordance with good practice guidelines. One relative said, "He came in with bed sores and they have healed quickly here." Daily handovers between staff provided updates on people's health and level of wellbeing and were used to remind staff on specific daily needs. When people required end of life care the staff worked with the local hospice team to ensure people received the most appropriate and current care and support. The registered manager had established a link with the local hospice and was using them as a training resource.

The computer system included an individual iPod for care staff and registered nurses to input information directly onto people's records as they completed any care task. This ensured all staff could view the needs of each person and know what care had been provided and what was outstanding. For example, when staff offered or gave a drink to people whose fluids was being monitored this was recorded directly onto the

system. Staff found the iPods useful as they 'had all the information they needed to hand whenever they needed it'. They told us this supported them in providing the "right care at the right time."

From 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they responded to the communication needs of people in a sympathetic way. Staff were seen to talk directly and slowly to people with a hearing loss and one took time to clean a person's glasses to ensure their sight was as good as possible. Communication was part of the individual assessment process completed for each person and individual needs were identified and recorded. For example, if people had any sight or hearing loss. The PIR recorded that any documents could be provided in other formats including braille or other languages.

The provision of meaningful activity and entertainment was given a high priority within the service, with two allocated activity staff employed. The activity staff were seen as vital team members working alongside the care staff and the management team to promote people's general and emotional well-being. They were popular with people and their relatives who they engaged with individually and in small groups. They facilitated games and discussions communally promoting a general positive conversation and pleasant atmosphere in the service that included everyone. The registered manager and activity staff had recently been working with an outside organisation to enhance and improve the activities and entertainment. A focus on improving and promoting trips and outings had been well received and had recently included a trip to Bexhill on sea. The activity programme was varied and people were provided with a copy to inform their individual choice.

People's past life, interests and hobbies were assessed and staff used this information to tailor a suitable variety to people living in the service. People chose to attend the functions and entertainment as they wished. For those people who preferred to stay in their own rooms individual time was set aside with an activity staff member to explore their individual wishes. People and relatives were positive about the activities and entertainment provided. People's comments included, "Activities are pretty good, exercise, sing songs, quizzes," and "Activities every day, good variety, nice gardens, trips out once or twice a week." A relative said, "He enjoys the bus trips and activities in Pentlow. We had a wine and cheese evening for relatives last week, very nice."

There was a complaints policy and procedure available to people to use, this gave accurate information on who to contact if not satisfied with internal investigations and resolution. A copy of this was displayed in the service and held within the brochure information. People and relatives told us they were able and comfortable to raise a complaint if they needed to. One relative said, "If I was not happy I would talk to the manager or deputy, both very pleasant." Complaints were recorded and responded to as per the organisational policy. A complaints log was kept and monitored by the registered manager and the senior management team. Complaints were used to improve services and the provision of care. For example, complaints about the variety of food were raised and further alternatives were provided including a take-away.

Is the service well-led?

Our findings

At our inspection in August 2017 this key question was rated Requires Improvement because we found the leadership of the service was not effective in all areas. Management systems that included quality monitoring had not always ensured safe and best practice was followed in all areas. The lack of quality review and monitoring was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found that some practice had improved, however further improvements were required and the rating for this key question remained Requires Improvement. This was the fourth time the service has been rated Requires Improvement in well-led.

The leadership of the service was still not effective in all areas. The management systems and quality monitoring measures, including audits, did not always ensure safe and best practice was followed in all areas. For example, there were ongoing concerns that related to the safe handling of medicines, despite audit systems being used. Suitable PRN guidelines were not in place to ensure all medicines were given in a consistent way. This had been identified at previous inspections and had still not been resolved. Infection control audits had not identified the infection control risks within the sluice rooms and indicated that the quality assurance systems were not effective. Despite care records being audited, some records were still not complete or up to date. Care plans were not always complete and did not reflect the care and support being provided. For example, one person had specific individual risks associated with infection control. Staff had put measures in place to minimise the risk of cross infection but they were not recorded within the care documentation. A person with diabetes had varying blood levels that were being recorded and discussed with the GP. However, a care plan was not in place to provide guidelines for staff to follow. We did not find that this had impacted on people, however this meant important care instructions may not be passed on to all staff and could impact on the care provided.

The lack of effective quality monitoring systems and accurate and complete records for each service user is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a clear management structure with a registered manager who had been in post for over a year. She was supported by a deputy manager and a training and quality manager. Senior registered nurses provided the clinical lead for the service. The operations manager was also available to provide support to the management team. People and relatives were positive about the management of the service. One person said, "It is a rest living here, I don't have to worry about things." Another said, "I feel safe here and the manager and staff are good and here to help you if you have any problems." However, staff provided mixed feedback on the approach and support provided by the management team. Some staff felt well supported and told us they could speak openly to the registered manager and other members of the management team. One staff member told how they had been supported practically, and emotionally to maintain important links with their family. Other staff felt the service was not well managed, they were unhappy and did not feel supported, they described a 'blame culture' where staff were not appreciated or listened to. When staff are unhappy this impacts on people as staff leave and this fragments a team approach to care.

They told us it was difficult to talk to the registered manager as her door was closed and a sign indicated that they should ring for an appointment. The PIR recorded that the registered manager had an 'open door policy'. However, we found a sign on the office door that asked if door was closed for an appointment to be made. The concerns raised about the management style was discussed with the registered manager and operations manager and identified as an area for improvement.

Following the inspection, the operations manager wrote to all staff in order to gain their feedback, looking for ways to work with staff to understand the feedback received. Regular staff meetings were held and notes were taken and circulated to staff. These included references to the company values and reflection on working together as a team. Staff surveys were planned for completion within the following month. This demonstrated a willingness to listen to staff and to take account of their feedback in a constructive way. The management team had also recently introduced a thank you board where anyone thanked staff for their work, acts of kindness or support they gave each other. Each month the staff member with most thankyou cards was given a present. This was to recognise the hard work and contribution staff made at work.

Since the last inspection the registered manager had established robust systems that ensured the Care Quality Commission (CQC) was notified of all significant events which had occurred in line with their legal obligations in a timely fashion. The registered manager was also using a critical management tool which identified trends in a number of areas such as accidents, complaints and safeguarding. This was being developed to reflect clearly any trends and actions taken in response to critical incidents.

The registered manager sought feedback from people and those who mattered to them to gain information on the quality of the service. This was completed through 'resident's meetings', satisfaction surveys and regular contact with people and their relatives. Meetings were used to update people and families on events and works completed in the service and any changes including those of staff. For example, planned redecoration and carpet replacement was explained. Staff encouraged feedback from people on areas that mattered to them. This had recently included the quality of the food and the laundry service. Minutes of meetings were recorded and a notice board was used to communicate feedback from all sources to tell people what action had been taken.

There were a number of additional quality systems in place. The registered manager had a daily meeting with heads of departments which was used to review daily management issues. A weekly head of department meeting was also held to review management issues on a wider basis. For example, staff recruitment and planning for new admissions. The operations manager completed a monthly quality report and an external consultant had recently completed a full quality review based on the CQC standards. Reviews were used to improve practice and there was a recognition that medicine handling required improvement. A community pharmacy technician had conducted a technical review of medicine management and the medicines policy was being updated to reflect improved practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Management systems that included quality monitoring had not always ensured safe and best practice was followed in all areas. The provider had not established systems that identified and responded to poor record keeping, the safe management of medicines and any risk of cross infection.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems and procedures did not ensure all medicines were administered safely and in a consistent way.

The enforcement action we took:

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