

# SHC Clemsfold Group Limited

## Upper Mead

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Upper Mead is a residential care home and provides personal and nursing care for up to 48 people. At the time of inspection, 32 people were living at the service. People were aged 60 and over and lived with a range of mental health and physical health needs including age related frailty, diabetes and degenerative conditions such as dementia and Parkinson's disease.

The building was purpose built over two floors. The building and courtyard garden were fully accessible, and the first floor was accessed by a lift. One wing specialised in providing care to people living with dementia.

Upper Mead is owned and operated by the provider Sussex Healthcare. Services operated by the provider had been subject to a period of increased monitoring and support by local authority commissioners. As a result of concerns raised, the provider is currently subject to a police investigation in relation to incidents that occurred between 2016 and 2018. The investigation is on-going, and no conclusions have yet been reached. The investigation does not include Upper Mead specifically.

### People's experience of using this service and what we found

People were happy with the care they received and felt safe with the staff that were supporting them. People were safeguarded from situations in which they may experience harm. Risks to people's safety had been assessed, and people were supported to stay safe. Staff knew how to identify potential harm and report concerns. People received their medicines safely from registered nurses. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

The culture of the service was positive, and people and staff were complementary of the management and provider. Improvements had been made to systems and process that monitored the quality of the service being delivered and accuracy of records. These improvements need to be sustained and become fully embedded into practice.

Care was personalised to meet people's individual needs and preferences. Care plans provided information and guidance for staff. Staff knew people well and provided support in line with people's preferences. People's diverse needs were catered for and they were treated with dignity and respect.

People described the staff as caring and thoughtful and said they were treated with care and kindness. Feedback about the service from people and those close to them was positive. People and relatives told us they received good care and could not praise the service highly enough. People repeatedly told us that staff had made a positive difference in their lives during the past year and had kept them safe and well during the global COVID-19 pandemic.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice. There was a flexible approach to risk management which promoted people's independence and provided opportunities for new experiences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 11 May 2020) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 and 21 February 2020. Two breaches of legal requirements were found in relation to Regulation 12, safe care and treatment and Regulation 17, Good Governance. The provider completed an action plan after the last inspection to show what they would do and by when, to improve their governance processes. However, positive changes made at Upper Mead will need to be embedded and sustained in practice and we will check on progress with this.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection. This is the third consecutive inspection where the service has been rated requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Upper Mead on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our wells led findings below.

# Upper Mead

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was to establish the safest and most appropriate way of carrying out our inspection visit during the COVID-19 pandemic.

#### What we did before the inspection

Before the inspection, we reviewed information we held about the service. We considered the information which had been shared with us by the provider as well as the local authority, other agencies and health and social care professionals.

We looked at safeguarding alerts which had been made and notifications which had been submitted by the provider. A notification is information about important events the provider is required to tell us about by law. This is necessary so that, where needed, the Care Quality Commission (CQC) can take follow up action.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with 12 members of staff including the nominated individual, registered manager, quality lead, registered nurses, assistant manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included 13 people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We sought feedback from relatives and professionals who had experience of the service and the care provided.

# Is the service safe?

## Our findings

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

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

At the last inspection there had been a failure to effectively manage risks associated with people's behaviour, mental health and constipation. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had taken measures to improve practice in these areas. Enough improvements had been made and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- At the last inspection people were at increased risk of harm because there was a failure to implement strategies to effectively manage incidents of challenging behaviour and suicidal thoughts. At this inspection the provider had taken action to address these concerns.
- Support plans provided guidance to enable staff to support people's behaviour and wellbeing in a safe and consistent way. Staff were knowledgeable about meetings people's individual behaviour and well-being needs. People received a consistent approach from staff, and this had led to a significant reduction in behaviour and well-being related incidents.
- Risks to people were assessed, and measures were taken to mitigate these. Since the last inspection the provider had acted to improve the way people's continence was managed. This had been effective in reducing people's risk of experiencing illness and discomfort caused by constipation.
- People received appropriate support to manage health related needs such as diabetes, Parkinson's disease and dementia. We observed people received their fluids and meals at the correct consistency to mitigate their risk of choking. Skin integrity care plans had been effective in mitigating the risk of people developing pressure ulcers.
- People were protected from the risk of avoidable harm. Information was recorded about known risks and people were supported in the least restrictive way to safely meet their needs. This included how people moved and any equipment they needed to do this safely. Bed rails and pressure mats were in place for people who were at risk of falling, and people had falls prevention care plans. Staff undertook regular safety checks of equipment and the premises to ensure these were safe. People had personal evacuation plans which guided staff to support them safely in case of emergency.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of abuse. Since the last inspection the provider had taken action to ensure staff were competent and confident at raising safeguarding concerns. Each staff member had been provided with an information card attached to their work lanyard. This gave details of how to raise a safeguarding concern including details of who to contact. Staff demonstrated an awareness of safeguarding including how to report any concerns they had to relevant professionals.
- Safeguarding training was completed by new staff during induction and there was a system to ensure staff

undertook refresher training. Staff knowledge of safeguarding reflected up to date information and guidance. There was evidence the provider worked in line with the local authority safeguarding policy and procedures.

- People told us they felt safe and were supported to keep themselves and their belongings safe. One person told us they felt safe and in good hands. Another said, "I trust every one of them, they make me feel safe and I know I am absolutely well cared for." Relatives told us they felt their loved ones were safe. One relative told us they had every trust and confidence in the team at Upper Mead to provide safe and respectful care to their relative.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had taken action to address concerns raised at the previous inspection and learning had been used to drive service improvement. Improvements had been made to the way that people's daily care records were monitored and reviewed. This shared learning had led to improved outcomes in relation to managing people's continence.
- Action was taken following accidents or incidents to help keep people safe. For example, a recent referral had been made to the speech and language therapist (SaLT) for a review of a person's eating and drinking following a person having episodes of coughing when eating. The registered manager monitored all accidents and incidents; This ensured robust and prompt action was taken and lessons were learnt.

#### Staffing and recruitment

- Safe recruitment processes protected people from the recruitment of unsuitable staff. Appropriate recruitment checks were undertaken to ensure staff were safe to work with people. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. Checks were made to ensure nurses were registered with the Nursing and Midwifery Council (NMC) and were fit to practice. Agency profiles were in place to ensure agency staff were safe to work at the service and had the right training and skills.
- There were enough staff to meet people's needs. People and their relatives consistently told us there were enough staff and our observations confirmed this. People received support in a timely way. We observed staff participating in group activities with people and taking the time to sit and talk to individuals. Agency staff were used to ensure safe staffing levels were maintained. A person told us, "the agency staff seem to be the same ones, they are excellent, I have never had a bad one yet."
- People told us they were supported by a consistent staff team who knew them well. One person told us they had lived at Upper Mead for several years and said of the staff "I could not ask or want for more. They treat me with kindness and respect. The staff are brilliant, they are the best."
- New staff followed an induction process to ensure they were fully equipped with training and information to enable them to undertake their new role. All staff undertook regular refresher training. People told us they felt supported by staff who were competent and confident in their roles. We observed staff supporting people safely with moving and positioning. People were treated with respect and staff took time to provide safe and compassionate care.

#### Using medicines safely

- People received their medicines as prescribed. Medicines were administered by trained nurses. People received their medicines on time, and this included time specific medicines such as those used to treat Parkinson's disease. There was a good awareness of medicines that could cause excessive bleeding in the case of injury and this was reflected within people's care plans. Staff supported people to be as independent as possible with taking their medicines and this was underpinned by care planning which provided details on what aspects people could manage for themselves.
- Medicines were stored and administered safely. This included controlled drugs. Controlled drugs are



medicines that are regulated by the government because they may be abused or cause addiction. Medicine Administration Records (MARs) were completed in line with best practice. Regular audits of medicines were carried out by senior staff and the local pharmacy.

- Medicine protocols were in place for people who required medicines to be administered 'as and when required' (PRN). Before administering PRN medicines, discussions took place with the person as to why they might need the medicines and if any alternative measures could be taken.

#### Preventing and controlling infection

- People and staff told us they had every confidence that the registered manager and staff were doing everything they could to protect people from the global COVID-19 pandemic. One person told us "the way they have kept us all safe through this horrible virus is incredible, they really are a top team."
- Relatives told us that they had received good communication during the pandemic. Relatives said not being able to see loved ones had been hard, but the service had remained in good contact and had kept them up to date with activities and their loved one's well-being. People told us they had enjoyed garden visits over the summer, and opportunities to see their friends and families through window visits and video calls.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection there had been a failure to assess, monitor and improve the quality and safety of services, to mitigate risks, and to maintain accurate records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection enough improvements had been made and the provider was no longer in breach of regulation 17.

However, concerns about the lack of effective oversight by the provider have been repeatedly raised across a number of their other locations. This has led to failings in the quality and safety of care not being picked up through checks and audits. While improvements in this area at Upper Mead are acknowledged and encouraged, the changes need to be sustained and become fully embedded into practice. We will monitor this and check for sustained improvement at our next inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the previous inspection in February 2020 the providers quality processes were not effective in identifying shortfalls and driving improvement. At this inspection improvements had been made to quality systems and processes at Upper Mead. The registered manager had oversight of the service and had driven quality and service improvements.
- Although the leadership at Upper Mead had brought about positive changes, the provider's governance systems require more work to ensure they reliably identify and rectify any areas where quality and safety standards could be improved
- Processes were in place for ensuring that records were complete and up to date. Care records contained information required to ensure people's needs were met and processes were in place to mitigate risks. A range of assessment tools were used to ensure people received care and support appropriate to their needs. People new to the service had assessments prior to receiving a service to ensure their needs could be met. People and relatives told us they had been fully involved in the assessment process and felt they had been listened to.
- There were systems and processes to monitor and analyse accidents and incidents and analysis was used to identify key issues and mitigate risks. For example, referrals had been made to the local falls team for advice when a person had experienced a cluster of falls. This ensured there was clear management oversight of any relevant trends and any actions taken to avoid or reduce risk and further occurrence

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The culture of the service focused on providing person centred care and support. Care plans provided personalised information about people and their preferences for how they liked to be supported. Information contained in people's care records was up to date and enabled staff to provide support appropriate to people's needs and wishes.
- People and their families told us that they were involved in the planning of their care which meant they felt valued. We were told that communication was good, and that people could always get hold of someone in the office if they needed to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open in the event of anything going wrong. They reviewed any feedback and incidents, so any learning would be taken from them and the service would continue to develop. Outcomes were shared with people and staff to ensure lessons were learnt.
- Staff told us communication was good and they were kept up to date. Staff felt able to speak to any of the management team, they knew how to whistle-blow and felt confident they would be listened to. We observed a pleasant and friendly atmosphere among people, the staff and managers.
- When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt. Records showed that all safeguarding concerns had been reported to the local authority in line with their guidance.

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

- The registered manager worked collaboratively with people, relatives and staff to continuously improve safety for people. This ensured issues were addressed promptly, and any changes made communicated to the staff team to implement in a timely way. People's views had been sought on the care provided, and people and relatives told us they were listened to.
- Staff performance was observed to check policies and procedures were being followed. Staff had one to one 'supervision' and had opportunities to discuss their learning and development needs. Staff told us that they felt valued and listened to by the management team and they were encouraged to share ideas.
- Relatives told us they experienced transparent communication with the registered manager. A relative told us throughout the pandemic the registered manager had been open and transparent, they said "I am so grateful to (managers name) for keeping my dad safe." Another said, "what those staff are doing every day is incredible, they keep us up to date and provide all the reassurances we need during this terrible time."
- People told us they were supported by a good staff team described as "the best" and "wonderful". One person said, "I shall be forever grateful for having them in my life over the last year, they have become my family and I count myself lucky for that." People told us the staff had kept morale high through the most difficult of days. A person said, "we have become one big family", and another told us "they have kept us busy and they have kept us safe. They are truly remarkable."

Working in partnership with others

- Records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.
- The service had good links with the local community. Throughout the global pandemic the local community had supported the service. Children from a local sports team had provided individual hand creams for staff and each resident had received a plant with a hand painted pot. The service had participated in the community "teddy trail" by placing a large teddy bear and bunting on the balcony. One person said, "it was lovely to see all the little ones come by, they stopped and gave us all a wave."

