Bexhill Care Centre Limited

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Inspection report

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Date of inspection visit:
12 February 2018
13 February 2018

Date of publication:
27 April 2018

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Bexhill Care Centre on the 12 and 13 February 2018. The inspection was unannounced.

We previously carried out an inspection of this service in December 2015 when we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Health and Social Care Act (Registration Regulations 2009). We found the provider had not safeguarded people from abuse, safe care and treatment was not provided, there were not enough staff employed in the home, people's personal records were not complete and up to date and the quality assurance and monitoring systems were not effective. The provider had also failed to inform CQC about incidents that affect the provision of services, such as insufficient staff. We received information of concern about staffing levels and carried out a focused inspection in February 2016. We found improvements had not been made and we took enforcement action.

The inspection in December 2016 found improvements had been made and the provider had met the regulations.

At the last inspection on 17, 19 and 21July 2017 the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Registration Regulations 2009. We found the service was not consistently safe because there were not enough staff with the skills and expertise to provide safe care and treatment. Risk had not been assessed appropriately, which put people at risk of harm or injury. Medicines were not managed safely. Emergency systems were not effective and safeguarding procedures had not been followed, which put people at risk of improper treatment. Personal records were not up to date and personalised care was not consistently provided. The quality assurance system was not effective and had not identified areas for improvement and CQC had not been informed of these concerns. The overall rating was inadequate and the service was put in 'special measures'.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and confirm that the service now met legal requirements. We found improvements had been made and the provider had met the legal requirements. However, we identified some areas needed further improvement and others needed time to be embedded into day to day practice.

Bexhill Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide nursing, personal care and accommodation for up to 41people. There were 21 people living at Bexhill Care Centre at the time of the inspection. Some people had complex needs and required nursing care and support. Others were living with dementia or had physical disabilities and needed assistance with personal care and moving around the home safely.

The registered manager was present during the inspection. 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.

Since the last inspection there had been significant changes. The provider has taken a more active role in overviewing the service and had become the nominated individual. A nominated individual (NI) is the responsible person within the organisation. A registered manager had been appointed and an external consultant provided guidance. The NI, registered manager and consultant worked together to review the provision of services at the home. The quality assurance system had been reviewed and a plan introduced to ensure all areas of the service were audited regularly by senior staff responsible for that area of the service. Monitoring had identified areas for improvement, including the care planning process. Staff had been appointed to review and update the care plans to ensure the contained appropriate information about each person's needs. We found additional work was needed to ensure the care plans identified people's individual needs with clear guidance for staff to follow.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. At this inspection we have made a recommendation that the provider seeks advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities.

The NI, registered manager and consultant had looked at the staffing levels and what improvements could be made to ensure people received the care and support that met their specific needs. Lavender unit was closed with the agreement of people living there and their relatives. People had been moved to Poppy unit and the staff transferred with them. This meant the provider no longer relied on agency staff to make up staffing levels and there were sufficient permanent staff to provide appropriate care. Appropriate recruitment procedures were in place to ensure only suitable staff worked at the home.

Staff responsible for giving out medicines had updated their training and had taken responsibility for the management of medicines. However, we found the guidance for medicines prescribed on an 'as required' basis was not clear, which meant people may not have been given these when they needed them.

People and their relatives said people were safe and improvements had been made to facilitate this. Risk had been assessed and staff provided support to ensure people could move around the home safely. Staff had attended safeguarding training; they knew how to protect people from harm and what action they would take if they had any concerns. The home was clean and well maintained. Infection control policies were in place, there were regular health and safety checks of the environment and, emergency procedures were in place to support people if they had to leave the building.

Staff had received essential training as well as additional training specific to people's needs, such as dementia awareness. Staff had a good understanding of the Mental Capacity Act 2004 and Deprivation of Liberty Safeguards. People were enabled to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible. Staff were supported to develop their professional practice, through supervision and yearly appraisals, and they were aware of their roles and responsibilities.

People were supported to eat a nutritious diet and drink sufficient fluids; meals were freshly cooked and snacks and drinks were available at any time. Staff understood people's needs. They monitored people's health and ensured people could access healthcare professionals and services, to maintain their health and well-being.

Staff provided personalised care for people that was based on their needs; through ongoing discussion and agreements with people and their relatives as required. People were enabled to maintain relationships with people important to them and, they were encouraged to raise concerns or put forward suggestions about the services provided. For example, through daily discussions, review meetings and satisfaction questionnaires.

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 whilst meeting the legal requirements previously in breach was not consistently safe.

Improvements had been made to the management of medicines, but additional guidance was required for 'as required medicines'.

There were sufficient numbers of staff working in the home and effective recruitment procedures ensured only suitable people worked at the home.

Risk had been reviewed and guidance produced, to ensure staff provided safe care and support for people to be as independent as possible.

People said they felt safe; staff had attended safeguarding training and knew how to protect people from abuse. Referrals had been made to the local authority in line with current guidance.

The home was clean and well maintained. Infection control procedures were in place and the premises provided adapted facilities for people to use safely.

Is the service effective?

Good

The service was effective and had met the legal requirements previously in breach.

Relevant training was provided and staff were supported to develop professionally through supervision and appraisals.

Staff had completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards and they supported people to make decisions about the care provided.

Staff supported people to have enough to eat and drink. Choices were offered and alternatives were available if people changed their mind.

People were supported to maintain good health and they had access to appropriate healthcare professionals when required.

Is the service caring?

Good

The service was caring.

Staff knew people very well and treated them with kindness and respect.

Staff encouraged people to make decision about the care they received and promoted their independence.

People were encouraged to maintain relationships with relatives and friends.

Information about people's needs was treated confidentially and appropriate guidance was in place for staff to follow.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. The service whilst meeting the legal requirements previously in breach was not consistently responsive.

The care planning process was being reviewed. People and relatives were involved in writing and reviewing the care plans, but additional work was needed to ensure care plans reflected people's individual needs.

People's needs were assessed before they moved into the home to ensure they could be met.

Staff offered a range of group and one to one activities based on people's preferences and choices.

People and relatives were aware of the complaints procedure and were confident they would use it if they needed to.

Staff were aware of changes in people's health care needs and supported people to make decision about their end of life care.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. The service whilst meeting the legal requirements previously in breach was not consistently well led.

Feedback about the service provided was consistently sought from people, relatives and staff.

Quality assurance and monitoring systems were in place. Audits

had identified areas for improvement and action had been taken to address these.

Staff were aware of their roles and responsibilities and there were clear lines of accountability.

The provider worked in partnership with other agencies, including the local authority and health and social care professionals.

Bexhill Care Centre Limited

Detailed findings

Background to this inspection

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

This inspection took place on the 12 and 13 February 2018 and was unannounced. The inspection team consisted of two inspectors 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.

Before our inspection we reviewed the information we held about the service. This included safeguarding alerts that had been made and notifications which had been sent to us. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 12 people living in the home and seven visitors. We spoke with the registered manager, external consultant, administrator, three nurses, five care staff, the chef, activity staff and housekeeping staff. After the inspection we emailed three health and social care professionals who had regular contact with the home for their feedback and received comments from two.

We observed care and support in the communal areas, during activities and at mealtimes. We observed medicines being given out and looked around the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of documents related to the care provided and the management of the home. These included four care plans, medicine records, four staff files, supervision and appraisal records, accident/incidents, complaints and quality assurance audits linked to these.

We asked the registered manager to send us copies of records after the inspection. The minutes of meetings and a range of policies and procedures. These included safeguarding, infection control, equality and diversity, and safeguarding. These were sent to us within a few days of the inspection.

Requires Improvement

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in July 2017. At that inspection we found breaches of the legal requirements. This was because the provider had not ensured safe care and treatment for people and systems were not in place to ensure people were protected from abuse.

At this inspection we found improvements had been made, they now met the previous legal breaches but additional work was needed to ensure safe care and treatment was consistently provided.

In July 2017 we found the management of medicines was not safe and people may not have received their prescribed medicines. At this inspection improvements had been made, the registered nurses had taken responsibility for the management of medicines. The checking, ordering, storage and giving out of medicines had been reviewed and followed the provider's procedures to ensure medicines were managed safely. However, the guidance for 'as required' (PRN) medicines were not clear for all of the people living at the home, which meant people may not have been given these medicines when they needed them. For example, pain relief had been prescribed for one person on a PRN basis, but there was no clear guidance for staff to follow to ensure this was given when needed. Such as to reduce discomfort before a wound dressing was changed. We discussed this with the registered manager and nurses as an area for improvement and they told us PRN protocols would be updated in line with people's specific needs.

We looked at medicine administration records (MAR) and observed medicines being given out. The MAR folder contained a list of staff names and signatures for those responsible for giving out medicines, so that any errors (gaps in signatures) could be linked to the staff member responsible and action taken. There was a clear process to follow if any errors were found, regardless of whether the person had been affected. The GP, relatives and pharmacy were informed; an incident form was completed to record errors as safeguarding; these were referred to the local authority and notifications were sent to CQC to inform us. MAR for each person contained a photograph for identification purposes, with their GPs name and contact details and any allergies. Staff gave out medicines to people individually, they locked the trolley when leaving it unattended and signed the MAR only when they medicines had been taken. Medicines were kept securely in a locked room and a fridge was available to keep medicines at the correct temperature as required. The temperatures of the room and fridge were checked daily to ensure medicines were kept safe for people to take. The registered manager said a weekly audit of the MAR was done to ensure they had been completed correctly and records were in place to support this. One person said, "They always ask if I am feeling ok and if I need anything for pain, but I don't need anything very much and I am going home soon." A relative told us, "They give out medicines regularly and record it; she gets lots of attention to keep her safe."

At the last inspection we found the provider relied on inexperienced agency staff to make up the staffing numbers, which meant there were not enough staff with relevant skills and understanding to provide safe care and treatment. The provider had reviewed the staffing arrangements after the inspection and following discussions with the people living in the home, their representatives and staff they decided to close one of

the two units. People were transferred from Lavender to Poppy when rooms were available and staff who worked in Lavender were allocated to Poppy. The external consultant said, "We looked really closely at the staffing, the difficulties we had recruiting suitable staff, our reliance on agency staff, and what changes we could make to ensure residents had the level of care they are entitled to" and, "We had meetings and discussions with residents, their relatives and staff so that they knew why we wanted to transfer people to Poppy. We didn't do anything until they agreed; we now have mostly the same staff working together in one unit so there are enough experienced staff now and we are still recruiting."

At this inspection there were sufficient experienced permanent staff working in the home to provide the support and care people needed. They demonstrated verbally they had a clear understanding of people's needs and we saw they had the skills to meet them. We started this inspection at 7.20am to look at staffing levels on nights as well as days. There were permanent staff working the night shift, three care staff and one nurse. They explained that they supported people to, "Freshen up" before breakfast. One member of staff said, "If residents want to get up we can help them do that, or they stay in bed or in their room. It all depends on what they want to do." One person was assisted to have a wash and get dressed and they sat in the lounge for breakfast. They told us, "I like to get up early and get going." Each day shift had one registered nurse and five care staff; with the registered manager working flexible hours over the week, including weekends and nights, to provide support for staff working those shifts. In addition, there were housekeeping and catering staff, which meant care staff were not required to do cleaning, laundry or work in the kitchen.

Relatives told us there were enough staff working in the home and that they provided the care people needed. Staff said agency staff were rarely needed and although there had been some staff changes since the last inspection, there were permanent teams of day and night staff. One member of staff said, "This is much better, it was very stressful with agency staff."

At the last inspection we found that although risk assessments had been completed they had not consistently identified people's specific needs, which meant people were at risk of harm or injury. In addition, accident and incidents records were not correct; personal emergency evacuation plans had not provided clear guidance for staff to follow and, emergency equipment was not ready for use. At this inspection we found these areas had improved and safe systems were in place.

The care planning process, including risk assessments, had been reviewed and updated with information based on people's individual needs. A range of risk assessments were in place. For example, people's mobility and risk of falls and, skin integrity and the risk of pressure damage. To reduce the risk of pressure damage people were assisted to regularly change position and pressure relieving mattresses and cushions were in place. These were set in accordance to people's weight, staff said they were checked regularly and records confirmed this was done daily.

There was guidance for staff to follow to reduce the risk of falls as much as possible and support people to move around the home safely. These included details of the equipment that may be required to assist people and how many staff were needed. For example, two staff assisted people who were transferred using a hoist (a mechanical means of lifting people), to assist people who were unable to transfer themselves from bed to chair. One member of staff to support people who may need assistance using a walking aid, such as zimmers and walking sticks. A relative said, "The staff are very good. I wasn't sure when my relative moved in, but I can see they are so well looked after and there is always someone in the lounge if residents need anything." We saw that at least one member of staff was in the lounge at all times; to ensure people who were mobile, but at risk of falls, were supported to move around safely. Staff in the lounge spent time with people, chatting and doing activities, offering drinks and support as required.

Staff told us they informed the senior staff on duty if an incident and accident occurred. Records were kept of each one, including those that had not been observed, for example, if a person slips off a chair in their bedroom. From the records we saw that staff described the incident/accident and discussed what had happened and how they could reduce the risk of a re-occurrence. One member of staff said, "We don't want to restrict residents, but if someone falls, like in their room trying to use the bathroom or get dressed, we talk to the residents and their relatives, assess what happened and review our support so that we prevent it happening." Another member of staff told us, "We let the local authority know as part of the safeguarding and we send in the forms to CQC if there are incidents and, if we thought someone was injured then we would call their GP or the paramedics and we have done this."

Emergency equipment was in place, such as a suction machine, to remove fluids from a person's mouth to prevent obstruction. Staff said they were checked regularly to ensure they were ready and safe for use; they signed to show the checks had been done and these were audited as part of the quality assurance process.

At the last inspection we found the provider had not ensured that referrals had been made to the local authority in line with current safeguarding procedures, which meant people were at risk of harm or injury. The registered manager and staff explained the safeguarding procedure had been reviewed following the last inspection. It was clear lessons had been learnt, concerns were immediately passed on to the local authority as required and records showed staff followed the procedure. As far as possible people were protected from the risk of abuse and their rights were protected. Staff told us they had completed safeguarding training and they demonstrated an understanding of different types of abuse and the action they would take if they had any concerns. One member of staff said, "We have had training, so we know about the types of abuse and if I see anything I talk to the senior staff. If they don't do anything I would ring social services myself, or you (CQC). I have had to do it in the past, where I worked before. I have no worries about doing that and we have a whistleblowing policy, so I wouldn't worry about reporting staff either if I had to." People and relatives said that people were safe at Bexhill Care Centre. One person told us, "My daughter makes sure everything is alright for me and I can ring my bell if anything was wrong. They come quite quickly most times." A relative said, "They know residents really well. I know he's safe, clean and well looked after" and, "When I get home I never worry."

Following the last inspection the maintenance records were reviewed and checks completed to ensure the health and safety of people, staff and visitors to the home. There were up to date certificates to show checks had been carried out on a range of systems. These included the electrical system, legionella for water safety, hoists, weighing scales and the maintenance and safety of the lifts. Documentation showed that there were weekly checks on hot water to reduce the risk of scalds and staff completed the maintenance book to record any repairs, these were signed off when completed. Fire alarm system was tested weekly, with automatic doors checked to ensure they closed when the alarm went off and that fire exits were clear and did not prevent people leaving the building.

People were cared for in a clean, hygienic environment. One person told us, "They keep the place really clean, they do my room when I am in the lounge." A visitor said, "There is something about this place, it is always clean, no urine smells like you get in some care homes. I could live here." A cleaning schedule was in place and the housekeeping manager ensured staff followed this; they used appropriate products and signage was in place to advise people, visitors and staff that cleaning was taking place. Infection control and related policies were followed. Protective personal equipment (PPE), such as gloves and aprons were available. We saw staff used these appropriately during the inspection and hand sanitisers and hand washing facilities were available throughout the home. Laundry facilities were in place with appropriate equipment to clean soiled washing safely. Regular infection control audits had been completed, to ensure cleaning schedules had been followed and the risk of infection had been reduced as much as possible.

Effective recruitment procedures ensured that only suitable people were employed by the provider. Relevant checks had been completed on prospective staff's suitability. These included two references, evidence of their residence in the UK and a disclosure and barring system (DBS) check to ensure they are safe to work in the care sector. Nursing and Midwifery Council (NMC) registration information had been recorded and there were regular checks to ensure nurses maintained their registration, which allowed them to work as a nurse.

Good

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in July 2017. At that inspection we found a breach of the legal requirements. This was because the provider had not provided appropriate training, to ensure there were sufficient, suitably qualified and experienced staff working in the home to provide appropriate care and support to meet people's individual needs

At this inspection we found improvements had been made and that they now met the previous legal breaches.

In July 2017 relevant training had not been consistently provided for permanent staff and supervision had not been used to support staff and ensure they were aware of their roles and responsibilities. The provider had induction training in place for agency staff. However, this had not been used and the expectation had been that the domiciliary care agency staff were employed through would provide appropriate training. In addition, senior care staff were responsible for assessing the competency of agency staff who had not worked at the home before, although they had not received training to do this and were not supported by the nurses.

At this inspection we found relevant training was in place, a programme of supervision had been introduced and staff said the management supported them to develop their skills to ensure they had a clear understanding of people needs. People and relatives felt there were enough staff and that they were trained and skilful. One person told us, "They are very good, they know exactly how to look after us, they treat me like queen." A relative said, "They have daily meetings to brief staff and they have training sessions as required." Another relative told us, "They know how to care for people with dementia; they are kind, calm and very patient."

The provider supported staff to develop an understanding of people's needs and the skills to provide appropriate support and care, through training based on current legislation and standards. Staff said they had to attend or complete online training; they said the training was very good and they were reminded when they had to update it. The registered manager said they had reviewed the training records and developed a spreadsheet to show clearly the training staff had completed and those that were planned. The record showed relevant training had been provided for staff, this included first aid, infection control, food safety, health and safety, fire evacuation, food hygiene and moving and handling. Staff also completed training specific to people's needs such as dementia awareness and, training based on their roles and responsibilities in the home. For example, nurses completed medication awareness training as they were responsible for the management of medicines.

Staff had a good understanding of equality and diversity. Training had been provided and supported by policies and procedures that staff said they had read as part of the training. The policy provided clear details about the groups covered by the Equality Act 2010; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation and, that these are now called 'protected characteristics'. Staff were confident people's equality, diversity and human rights

would be protected. One member of staff told us, "We are protected from discrimination as we work here and we need to make sure our resident's rights are protected and they are not discriminated against in any way."

Staff worked through an induction programme when they started work at Bexhill Care Centre. They shadowed and worked with more experienced staff, until they were assessed as competent to provide appropriate care and support for people. Staff who had no experience of working in care homes worked towards the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure these staff have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One member of staff told us they had discussed this with the registered manager and, "I'm looking forward to starting it."

Staff said there was regular formal one to one supervision and yearly appraisals, as well as day to day observations of practice. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. One member of staff told us, "We have regular supervision now, the manager has done them so far, but I think senior staff will do them soon. It is good to have time set aside to sit down and discuss our training and our work." Another member of staff said, "The supervision means we have time to talk about if we need support or would like to do training, but we can talk to the manager, nurses and seniors at any time if we have any worries or have noticed something." Records showed that all staff had had one to one supervision and dates had been added to the training plan to show it would be provided every eight weeks in 2018.

Staff had attended training in Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They had a good understanding of MCA; the importance of enabling people to make decisions and they were confident that they supported people to make choices about all aspects of their lives. One member of staff said, "Residents make choices about everything and we respect those, when they get up, if they sit in the lounge or prefer to remain in their room, it is up to them. We tell them what activities are in the lounge and they have one to one activities as well and they can have the meals they want when they want them. Residents decide what we do, which is how it should be."

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 people 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. We checked whether the provider was working within the principles of the MCA. Best interest meetings had been arranged with health and social care professionals, to discuss people's specific needs and how these could be met.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff understood when an application should be made and the process or doing this. The registered manager said DoLS applications had been sent to the local authority as they were needed, in particular for the locked front door and the use of bed barriers. Information was recorded in the person's care plan if an application had been made and there was guidance in place for staff to follow for the use of bed barriers.

People were supported to have enough to eat and drink. Choices were available for each meal, people were

asked what they would like to eat meals and if they changed their minds alternatives were offered. People said the food was, "Fabulous." One person told us, "The chef is excellent, I am part vegetarian but I like a bacon sandwich at breakfast." Another person said, "The chef is always looking for fresh ideas. The chef made a wonderful salad and I ate it all." A relative told us, "The food is very good, my relative didn't eat very much when they moved in, but they really enjoy the meals and staff always ask what he wants and they help him to eat it. Very, very good."

Mealtimes were relaxed and sociable with people chatting with each other and staff. People chose where they wanted to sit, at the dining table, in the lounge or their own room. Tables were well presented with table mats, condiments, napkins and a choice of cold drinks. One member of staff said, "It really depends on what residents want to do at that time, can change if they have a visitor or if they want to stay in their room." The chef said fruit, vegetables and meat were delivered fresh to the home, the menu was regularly discussed with people and the chef continued to offer one day a week when people could decide what meal should be cooked. People were asked what they wanted and lunches were served fresh from the hot trolley by the chef. The chef said eight pureed meals were provided for lunch and desserts were suitable for people with diabetes. People declined the second helpings that were offered and one person was offered an alternative as they had not eaten the meal given, which they ate with assistance. Staff prompted or assisted people with their meals, they wore disposable blue aprons and gloves if appropriate and people were asked if they wanted to use a napkin for protection. Staff sat with people they assisted, using eye to eye contact, they enabled people to eat at their own speed and spoke with them throughout the meal. One member of staff said, "Residents can have their meals when they like really, if they don't want it with everyone else we keep it for later or make them something else. They can have snacks at any time and we can make them a drink when they want one as we have the little kitchen near the lounge."

People's dietary needs were assessed before they moved into the home, to identify their preferences, likes and dislikes, and if they had specific dietary needs. For example, diabetic diet, pureed or soft diet. Their needs were then reviewed monthly as part of the care plan review, which involved discussions with each person and their relatives, or if there had been any changes in their health care needs. One member of staff said, "Residents needs change, some eat more and others need assistance, but we know them very well and will know immediately if they are not eating as much as usual." Another member of staff told us, "If we are worried about a resident we talk to the nurse or manager and let relatives know, we might call the GP or record what people are eating and drinking to monitor." Residents were weighed monthly, or more often if there were any concerns, and staff said their GP would be contacted if they needed referrals to other health professionals.

People were supported to be as healthy as possible and staff contacted health and social care professionals as required. For example, GP's and social workers. Staff liaised with the speech and language team (SaLT) for an assessment if there were concerns with a person's ability to swallow, to reduce the risk of choking and, the tissue viability team for advice with regard to pressure sore prevention and treatment. Visits were recorded and staff explained how each person's care plan had been reviewed and updated if there had been any changes to the care provided. Such as the provision of a pureed meal or the use of thickener for drinks if persons were at risk of choking. People and relatives said that GP's were consulted or brought it if necessary. Opticians, chiropodists and the hairdresser visited regularly and arrangements were being made for people to see the community dentist if they wished. A visitor said their relative, "Suffers from urinary tract infections, but they keep a good check on them."

Bexhill Care Centre is an original building with an extension at the rear that provides two separate units, Lavender and Poppy. Each unit has its own communal spaces, including a lounge and dining area and singe bedrooms with en suite facilities over two floors. People, visitors and staff can access all parts of the home

using lifts and the gardens are secure and accessible to people who use walking aids and wheelchairs. Bathrooms have been adapted with suitable hoists to assist people in and out of the bath and there are showers if people prefer. Toilets have raised seats and handrails to support people if required and, call bells are situated in the en suite facilities and each person's bedroom to enable them to call for assistance. The lounge in Poppy unit, which was the only unit in use, had been decorated and provided a pleasant environment for people to relax. The fish tank on the sideboard offered an alternative focus to the TV and the large conservatory next to the dining area was used for meals and activities. There was enough space for visitors to sit with people comfortably and join in or assist when activities were provided. Staff said they could arrange for assisted technology if required. One person had talking books because of poor eyesight and also used an iPad that had been provided by her relatives. Staff told us the main phone was cordless, people could talk to their relatives and we saw staff asking people if they wanted to; phones were also available for people to have in their rooms.

Good

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in July 2017. At that inspection we found improvements were needed. This was because the provider had relied on inexperienced agency staff, which meant people were not consistently supported to make decisions about the care they received.

At this inspection we found improvements had been made.

Staff supported people in a caring and compassionate way. One person said, "The carers are very good and kind." Visitors told us, "No-one upsets my relative, I am convinced they love her" and, "The quality of care here is excellent, that is because the carers and staff are young and vibrant, they give the impression they really care." Staff said they enjoyed working at the home. One member of staff said they were not sure they would be happy when they had transferred from Lavender to work in Poppy, "But I really enjoy working here, when residents smile back it makes me feel that we are looking after them as they want. It is a really nice home to work in."

The staff approach was one that involved people in decisions about the care and support they received. Throughout the inspection we saw staff asked people if they needed assistance and choices were offered consistently about all aspects of their day. This included where they wanted to sit and where they wanted to eat their meals; staff made eye to eye contact as they regularly asked if people were comfortable and if they needed anything. Staff chatted to people as they came into the lounge and dining area and as they assisted other people. Staff treated people with respect, they used their preferred name and we saw they knocked on people's bedroom doors, called out and asked if they could enter. As they walked past people's rooms to answer call bells they waved and said hello and asked if people needed anything. There was a lot of laughter and banter and people, visitors and staff clearly knew each other very well. One visitor said, "I know all the residents and their relatives as my relative moved in soon after the home opened. I have seen a lot of changes and I can see things have improved." A member of staff said, "There have been many changes since the last inspection, we have mostly the same staff and residents, the difference is we are now all in Poppy. So there are enough staff, we have got to know residents and relatives really well, they have got to know us and we have time to talk to them. It is much better."

People's equality and diversity was respected and staff offered support based on people's individual needs and preferences. Staff spoke confidently about people's life stories, their interests and what was important to them. Staff knew if people preferred female or male care staff and respected this. One person told us, "I don't mind having a male carer, they are just as sensitive." We saw that when male staff answered call bells for people who preferred female staff, they explained to people they would call their colleagues and female staff actually provided the assistance, based on the person's preferences. Staff respected people's dignity when providing personal care, doors were kept closed and people decided if they wanted a bath, shower or wash. One person said, "They help me get washed and dressed when I want to get up, the door is closed and they always ask what help I need." Staff said they supported people to maintain their personal hygiene, people chose what they wanted to wear and we saw their clothes were clean and people were well dressed.

Staff talked knowledgeable about people's different communication needs and care plans showed these had been recorded with guidance for staff to follow. For example, a person living with dementia had limited speech, but responded and made their preferences known with their body language, facial expressions, smiling and responding with 'Yes' or 'No'. This was recorded in their care plan and there was guidance for staff to follow to enable the person to make choices. This included, 'One member of staff to speak slowly and clearly, be calm and re-assuring. Behaviour can change if two staff assist with too many tasks at once. Carer to help with one thing at a time, step by step.' We saw the person responded better when staff had eye to eye contact, asked short questions and waited for a response before they asked another question or offered different choices with food and drinks. Staff told us, "The residents have different communication needs and we understand what support each person needs to enable them to decide about the care we provide."

The 'Resident of the day' based on their room number, had been introduced, which meant staff would be focused more on that person for the day. One member of staff said, "They would have the same support as usual, bit more pampering so they know it is their day. We celebrate birthdays as well so this is an extra thing." Another member of staff told us, "It means we have set aside extra time to check residents have everything they need, clothes, toiletries and if needed the room has a deep clean. Hasn't been running very long, but residents like it and their records are all reviewed at the same time, so we look at everything for that resident in detail."

Relatives and friends were welcome to visit at any time and people were supported to maintain their personal relationships. Relatives comments included, "We can visit any time really, I come most days not always the same time, depends on what I am doing. I am always made to feel welcome, staff ask how I am and offer me a drink, I feel really comfortable when I visit." "I know his clothes are clean and changed as I do his washing. They always tell me if he needs shower gel, he has dry skin, so I know they use it. They treat them like people." "I can discuss my mother's care and health with them anytime when I come in" and, "The carers are good, they say she is like a queen and she waves to them. They always have a special smile for her." We saw people enjoyed time with their relatives and friends, staff chatted to them in the lounge and assisted people to return to their rooms if they preferred to talk to their visitor there.

Confidentiality procedures were in place and staff were clear that information about people was protected. Records were kept secure in the office in Poppy and if visitors asked questions about a person staff referred them to the nurse or registered manager, who spoke to them privately, if appropriate, out of earshot of other people and staff.

Requires Improvement

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in July 2017. At that inspection we found breaches of the legal requirements. This was because the provider had not ensured accurate and completed personal care records were in place and had failed to provide personalised care and support for people.

At this inspection we found improvements had been made and that they now met the previous legal breaches, although more work was needed to ensure the improvements were embedded into practice.

In July 2017 we found people's needs had not been consistently assessed and discussed to ensure their individual needs could be met before they were offered a place at the home. This meant their care plan was based on inadequate information and staff were unable to provide personalised care, based on a person's needs, consistently for all of the people living there.

Following on from the last inspection the provider agreed not to admit people to the home until the concerns identified had been addressed and, they were confident that personalised care could be provided. In addition, the local authority had suspended permanent placements to the home.

At this inspection we found the local authority had arranged a block contract for two interim beds, from December 2017, for people who had been discharged from hospital. The expectation was that their support needs would be reviewed while at Bexhill Care Centre and, with the involvement of the community support team people would go home or move to a service more suited to their needs. The registered manager said they had done the assessments for people using the interim beds and they admitted one person at a time; to ensure they could meet their individual needs. Support was based on enabling each person to be more independent. We looked at the pre-admission assessment and care plans for the two people living in the home at the time of the inspection. The assessments identified their specific needs and formed the basis of their care plans and, we saw staff provided personalised care based on their needs.

One person was living with dementia and their mobility had reduced following a fall at home. Their needs were quite varied and the information in the assessment and care plans reflected this. However, some of the information in the care plan did not fully reflect their needs. For example, we saw the person refused or ate only a small amount of food at mealtimes. This had not been identified in the care plan as an area of concern and there was no clear guidance for staff to follow to support them to eat and drink enough. Care staff were aware that the person ate small amounts and offered alternative meals to tempt them to eat. One member of staff said, "We encourage them to eat, but we know if we try too hard it has the opposite effect. We ask again later and offer different meals and drinks regularly." The person drank some fluids when they were offered and staff recorded how much they ate and drank throughout the day. The registered manager said they had developed different care plans for people using interim beds. Their needs were generally different from people living in the home on a permanent basis, as interim beds were usually only used for a few days at time. Improvements were needed to ensure each person's specific needs had been fully assessed and recorded and, there was clear guidance for staff to follow.

The second care plan we viewed had sufficient information to identify the person's individual needs and there was guidance for staff to follow to support the person to be more confident and independent. The person told us they had been at the home for four days and were going home on the first day of the inspection. They said, "They came to see me in hospital and I moved here to find my feet. I feel more confident, the staff have supported me to move around the home with my zimmer. I will have agency popping in to help me and the staff here are very good, but I want to go home."

Staff told us they had recently started reviewing the care planning process and changes were being made to the format of the care plans. One member of staff said, "We will be looking at all of the care plans so that we can see quickly and clearly each resident's needs. I have moved some information to the back of the folders or archived it; we don't need to look at that every day and, we know there is still some work to do to make sure information is recorded accurately." We found information in one care plan had not accurately reflected the changes in the person's healthcare needs; some of records had not been updated and the review of the care plan had not identified these inconsistencies. However, the staff knew people's needs very well, they told us, "Some have changed and we can see residents need more support" and, "We know this and can look after people the way they want." We saw the impact of having incorrect information in the care plan on people was low; staff discussed people's needs daily during the handover sessions and planned care based on how people felt and what they wanted to do that day. Care staff said, "The care plans are for the nurses, we have read them, but don't write them" and, "We know the residents needs very well, changes each day and so support changes. It is up to each person to decide what we do and if we have problem we tell the nurse or the manager." The registered manager said the review of the care plans was ongoing, "We know we still have work to do to bring them up to the level we want. One of the nurses has taken on the responsibility to do this and they have been allocated time. We want to make sure each care plan has all the information needed and that they are regularly reviewed and updated when residents needs change. I will be auditing them."

Relatives said they were aware of the care plans. One relative told us they had signed their family members to show they had agreed with the care provided and we saw care plans had been signed by the person concerned or their relative. The relative told us, "Staff talk to me every time I visit about his care needs. They let me know about any changes and check with me they are supporting him as I know he wants, he can't tell them. They listen and understand."

'At a glance' care plan sheets provided information about each person's needs. These included communication, skin integrity, mobility and any aids used to assist people to move around the home safely, continence and any specific needs. These were kept in each persons 'personal' folder, with food and fluid charts, re-positioning and turning charts and daily records. The folders remained with people as they moved from their room to the lounge, so were easily accessible to staff. One member of staff told us, "The folders are always with residents, so we can fill them in when they have had a drink or something to eat, or they change their position in bed so don't get sore." Daily records recorded the care and support provided, with additional information about staff observations regarding how people were feeling, if they had visitors, appointments or took part in activities. Staff told us, "We add how people are feeling, like if they have had a good day and if they are comfortable" and, "If they ate well and if they didn't, so we can see what has happened when we have few days off and we talk about it during the handover." We found that records reflected the support provided and how people spent their day.

We joined the nurse on day duty for the handover from the night nurse on the first day of the inspection. Feedback was given with regard to how people had slept and if there had been any changes in people's needs and therefore the care provided. The day staff then had a handover session with the nurse. They discussed people's needs, the senior care staff allocated care staff to work in pairs or on one to one basis

and, one care staff was allocated to support people in the lounge at all times. One member of staff said, "It works well, we know who has had days off so tell them of any changes." We saw staff working with colleagues when required and supporting people on their own as needed. They worked well together as a team and supported each other when people needed assistance. Such as when two staff were needed to transfer a person to a chair in the lounge.

From 1 August 2016, all providers of NHS care and 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. Staff said they had not received this training, although they had a good understanding of people's communication needs. People's specific needs had been identified as part of the assessment process and recorded in the care plans. For example, people living with dementia were enabled to make choices with the involvement of relatives and representatives. People who required glasses or hearing aids were encouraged to use them and regular checks were arranged to ensure they were suitable.

We recommend that the service seek advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities

A number of different one to one and group activities were provided for people to take part in if they wished. Activity staff informed people about each activity and we saw staff asked them if they wanted to join in the group activities in the lounge. A member of staffs relative held a sing-a-long session during the first day of the inspection, with snacks and wine available for people and visitors. The songs were familiar to people and the volume was appropriate, it enabled people to participate without being too loud. Staff encouraged people with mobility to dance with them and people were asked if they liked the songs and had any suggestions. People sang along, sat with visitors, staff held their hands and people tapped their fingers and toes as the music played. We saw it was an enjoyable time for people, visitors and staff.

Activity staff told us activities included pet patting, music therapy, art and crafts and that they were based on what people wanted to do and enjoyed. Since the inspection a Facebook page has opened with information about Bexhill Care Centre and the activities people have participated in. Staff said people, relatives and friends were able to look at the photographs, which had been posted only after people and their relatives had agreed to them being added. We saw pictures showed people taking part in activities and celebrating festivals, with feedback from relatives. One to one activities were offered to people. All staff spent time talking to people, doing puzzles, crossword and manicures. One member of staff told us, "I love doing activities with residents, it is really good to do something they like or just talk, they smile and enjoy it." Activities were recorded in the activity folder and included information about the activity, if the person joined in and the length of time the person participated. The registered manager said they had introduced the additional information so that they could look at people's response to particular activities and identify one's they respond to. "But it we have only just started so it will be some time before we have identified what residents prefer to do."

The registered manager and staff said people, relatives and visitors were encouraged to talk about the services offered and raise any concerns or comments about the care and support provided. One person told us, "They always ask us if everything is ok and if they can do anything else." The complaints procedure was visible on the noticeboard and a copy was included in the information given to people and their relatives before they moved into the home. One relative said, "I have nothing to complain about, they have done everything I have asked." Another relative did not have any complaints but told us, "If there was a problem I would go straight to the manager." Staff said most issues can be dealt with at the time, such as when people do not like the meal offered. If staff felt they were unable to respond to a complaint or concern they told us it

would be referred to the nurse or registered manager to deal with. One member of staff said, "I haven't had to do this."

Thank you cards had been sent in by relatives, thanking the staff for the care their family member had received and for the support staff had given them. It was clear from their comments that relatives felt involved in decisions about the services provided and, that staff provided extra assistance if needed. Such as picking a relative up during the snowy weather so they could still visit.

People and their relatives and friends were involved in end of life discussions. People had discussed their end of life preferences with staff, if they wanted to and these were recorded in the care plans. Staff were aware of changes to people's health care needs and said GPs and specialist health professionals; such Macmillan nurses could be contacted. One relative told us, "We thought he moved in for end of life care, but he has got much better, is eating more and looks well." Another relative said, "The staff are very good they let us know if anything has changed and everything has been arranged." Staff were aware that people may have different spiritual and cultural needs and, "Arrangements can be made to meet these at the time."

Requires Improvement

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in July 2017. At that inspection we found breaches of the legal requirements. This was because the provider had not ensured effective quality assurance and monitoring of the service and had not informed CQC about incidents that might affect the service.

At this inspection we found improvements had been made, they now met the previous legal breaches, but additional work was needed to ensure they were embedded into practice.

In July 2017 we found there had been no improvements since December 2016 and the changes management had made had in fact had a negative effect on people's health and wellbeing. This was in part due to the opening of Lavender unit before a separate team of staff, to support people as they moved into this unit, had been employed. Consequently there was an overreliance on inexperienced agency staff which meant safe care and treatment was not provided.

At this inspection we found improvements had been made. There had been changes in the management structure at Bexhill Care Centre. The provider had taken a more active role in overseeing and monitoring the services provided and had also become the nominated individual. A nominated individual (NI) is the responsible person within the organisation. A manager had been appointed and they registered with CQC in December 2017. As the home's registered manager they were responsible for the day to day management of the home and they were supported by an external consultant. The NI, registered manager and consultant worked together to review the provision of services at the home, with the involvement of people living in the home, their relatives and staff. They looked at the staffing levels and what improvements could be made to ensure people received the care and support that met their specific needs. Lavender unit was closed with the agreement of people living there and their relatives. People were moved to Poppy unit and the staff transferred with them. We were re-assured by the NI, registered manager and consultant that Lavender unit would not be re-opened until they had a separate, qualified staff team of staff working in the home; to ensure the needs of people who moved into Lavender unit could be met.

The NI, registered manager and consultant had also worked with the local authority, which commission care from the home and have contracts for people living there. Feedback from them was positive. Their comments included, "I do not have any complaints nor do our Nurses have any outstanding concerns" and, "The provider has been open to guidance and suggestions… and we have provided bespoke training as they have requested it."

The feedback we received from people, relatives and staff was positive and complementary and, it was clear they were kept informed and involved in driving forward improvements. One person told us, "The staff look after us very well and I picked my room, it is lovely." A relative said, "They called a meeting to tell us they had not done well at the last CQC inspection and explained what action they were taking to improve" and "I think it is perfect here." Another relative told us, "The staffing has improved since the new manager took over. She is easy to talk to as well." Staff said the

management was very supportive and discussed openly the last report and the changes they planned to make to improve the service. One member of staff told us, "We know about the problems from the last inspection, it was not good for residents, but they have made a lot of changes. We have the same staff really but it is organised much better, no agency so we can look after residents." Another member of staff said, "They are quite open about the improvements they want to make, it is the same as we want, to look after residents well and a lot has happened in the last few months, it is different from before, better."

The registered manager said they were continually asking residents, their relatives and visitors for their opinions of the home, the changes they had made and the support and care provided. "We want to involve everyone in making improvements and we are giving out and sending out satisfaction questionnaires this month to obtain feedback from people and visitors." This included relatives, friends, GPs and health and social care professionals. A suggestion box was also prominently placed for easy access, with forms for people and visitors to make comments or suggestions if they wished.

The quality assurance and monitoring system had been reviewed and a number of changes had been made. A quality monitoring assurance timetable had been developed and was being introduced, with the administrator, housekeeping manager, night nurse and senior staff responsible for their area of the service. The provider and registered manager had an overview of this and monitored some areas. The registered manager said the expectation was that all staff would be involved, "As we all work together as a team." Areas for improvement had been identified and action had been taken to address them. These included medication and care planning. For example, an audit had identified that care plans needed to improve so that information was up to date and, they were reviewed regularly and when people's needs changed. To ensure improvements were made one of the staff had been given the responsibility to review all the care plans to ensure the information recorded was personalised to each person and reflected their needs. This work was ongoing.

We saw that people received the care they needed by staff who had the skills and knowledge to understand and meet their needs and, staff were supported by the registered manager and senior staff. The registered manager had a good overview of the needs of people living in the home. She was committed to providing quality care and services and staff said they received continuous positive support from her. Staff were aware of their roles and responsibilities, there were clear lines of accountability and staff were aware of these. One member of staff said, "The senior organises and allocates us to support residents. We know all the residents and have a good understanding of what they want. If we think a resident is not right we talk to the senior, they would see the resident or we would ask the nurse. It works really well." Another member of staff told us, "We have different responsibilities and know who is in charge of each area. Like the nurses do the medicines, dressings and talk to GPs. We look after people and help them with personal care and eating and drinking if they need it. I think it is a lovely job." Staff said the manager or nurse were on call and they could ring them at any time. The registered manager told us they were contactable at any time and could be at the home promptly if required.

The provider had notified CQC of all significant events which had occurred in line with their legal obligations. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. She said, "We are open about everything that happens here. We have good relationships with the local authority, GPs and other health professionals and we contact relatives to let them know if we have any concerns about residents." In addition, the provider had displayed their rating from the last inspection on their website.