

Shaw Healthcare Limited

Croft Meadow

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Croft Meadow is situated in Steyning, West Sussex and is one of a group of homes owned by a national provider, Shaw Healthcare Limited. It is a residential 'care home' for up to 60 people some of whom are living with dementia, physical disabilities, older age or frailty. At the time of the inspection there were 43 people living in the home.

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

The management of the home had changed since the last inspection. An interim manager had worked alongside the deputy manager and they had been instrumental in making positive changes. Systems and processes had been introduced to provide better oversight of people's care. There was an increased focus on person-centred care and improvements were continuing to be made to change the culture and challenge practice that did not promote this. There was an increased confidence that once the systems and processes that had been introduced had a chance to be embedded and sustained in practice, that further improvements would be made. We found that the improved systems had not always identified areas of practice that needed improvement.

Significant improvements to improve the safety of care people received had been implemented. Medicines management and oversight of people's hydration and nutrition had improved. Some further improvements were needed and those that had been made needed to be embedded and sustained in practice to ensure that all aspects of people's needs were safely met. These relate to wound care and modified diets for one person.

Staffing levels helped ensure people's needs were met in a timely way. The provider had worked with the local authority if there were concern about people's care. People were protected from the spread of infection. There was an emphasis on learning from incidents to ensure changes could continue to be made to ensure people's safety.

People told us they were happy and that staff were kind, caring and compassionate and most of our observations confirmed this. There were however, situations when staff did not always demonstrate respect for people and did not communicate or use language that was dignified or appropriate. One person's assessed needs had not been met as they had not been supported to clean their teeth for a number of days.

The provider had not always ensured that staff had access to training which the provider considered essential for their role or competency checks following training. There were better systems to ensure people received sufficient amounts to eat and drink to maintain their health. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; some of the policies and systems in the service did not support this practice.

The provider had worked with external health and social care professionals to assess and review people's care in line with best practice guidance. People's health needs were met through this coordinated approach to their care. People were supported to maintain their nutrition and hydration. People told us staff were experienced and knowledgeable. Staff appeared to know people's needs well.

Two units of the home supported people living with dementia, the environment and information available to them had not always been adapted to meet their needs. We have recommended that the provider access guidance in relation to providing stimulating, meaningful and appropriate environments for people who are living with dementia.

Rating at last inspection and update

The last rating for this home was Inadequate, it had entered into special measures and there were breaches of Regulations. (Supplementary report published 19 July 2019) We served a Notice of Decision to impose conditions on the provider's registration. The provider also completed an action plan to show what they would do and by when to improve. The home had been in special measures since the last inspection. During this inspection the provider demonstrated that some improvements had been made. Not all improvements had been embedded and sustained in practice and the provider was still in breach of Regulations. The home is no longer rated as Inadequate overall or in any of the key questions. Therefore, the service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make further improvements. Please see all the sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified three breaches in relation to person-centred care, safe care and treatment and the leadership and management of the home. You can see what action we have asked the provider to take at the end of this full report.

Follow-up

We will continue to monitor the intelligence we receive about this home. We will request an action plan from the provider and meet with them to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and the local authority to monitor progress. We plan to inspect in line with our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last inspection, by selecting the 'all reports' link for Croft Meadow on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The home was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The home was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The home was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The home was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The home was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Croft Meadow

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.

Inspection team

The first day of inspection was undertaken by one Inspector, a Nurse and two Experts 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. One inspector returned for the second day of inspection.

Service and service type

Croft Meadow 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 home did not have a manager who was registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The home had been without a registered manager for four months. There has been an interim manager providing oversight since this time.

Notice of inspection

The first day of inspection was unannounced. The second day of inspection was announced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We liaised with health and social care professionals for their feedback. We have been meeting regularly with the provider to monitor the progress and improvements they have been making. We had not asked the provider to submit a provider information return (PIR) since the last inspection. This was because we were returning to the home within a shorter timescale due to the concerns found at the last inspection. A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they

plan to make. This information helps support our inspections.

During the inspection

We observed the care and support people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 15 people and four relatives, one volunteer, nine members of staff, the deputy manager, the manager and the regional operations manager. We reviewed a range of records about people's care and how the service was managed. These included the individual care and medicine administration records for ten people. We looked at ten employed staff and agency staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the home, which included policies and procedures, were also reviewed.

After the inspection

We were contacted by a relative who shared their positive experiences with us.

Is the service safe?

Our findings

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

At our last inspection, this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely;

At our last inspection, the provider had failed to assess and mitigate risks relating to the health, safety and welfare of people. There was insufficient oversight and a lack of action when people were at risk of malnutrition, hydration and were at risk of sustaining pressure wounds. Medicines were not always managed safely. People who required a modified diet had been given high-risk foods which increased their risk of choking. There was insufficient oversight of bowel management. Items and substances that had the potential to cause people harm, were not securely stored. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made, there was better oversight and appropriate actions had been taken for people at risk of malnutrition and dehydration. Some improvements that had been made were yet to be fully embedded and sustained in practice. The provider was still in breach of this Regulation and has therefore been in breach of Regulation 12 at the last three consecutive inspections.

- Risks to one person had not always been sufficiently mitigated. One person had been assessed as being at very high-risk of sustaining pressure wounds. Inconsistent guidance had been provided to staff in relation to the frequency that the person should be supported to reposition, to minimise further risk of pressure damage. There was no guidance for staff about the treatment of the person's wound and how best to support them to minimise further risk. Staff had a mixed understanding and records showed that the person had not always been supported to change position as frequently as had been advised. The person's pressure wound had deteriorated during this period. In response, the person had been reassessed and staff had been advised by the manager to increase the frequency that they supported the person to reposition. Records showed that despite this, the person had not always been supported to reposition as frequently as the new guidance advised. This had not been identified by staff or managers and placed the person at increased risk of harm. When this was raised with the manager they took immediate action. A wound care plan, advising staff of the person's wound as well as the frequency that they should be supported to reposition, was devised. Staff were reminded of the importance of supporting the person according to the guidance and to document their actions. New audit tools were in the process of being implemented, to provide assurances that the person was receiving safe and appropriate care to meet their assessed needs.
- Two people had been assessed by a Speech and Language Therapist (SALT) and required a modified diet and thickened fluids to reduce the risks of choking. Guidance had been provided which informed staff of different foods to avoid. This included ice-cream as the food could melt and become too thin which could increase people's risk of choking. Records showed that one person had been provided with ice-cream. This had not been identified by staff and placed the person at increased risk of harm. Records also showed that

on a number of occasions, both people had been provided with food that the SALT guidance had advised against. This had not been identified by staff or the management team. When this was raised with them they explained that some meals were provided by an external organisation who provided foods at an appropriate consistency to meet people's assessed level of need. The provider was unable to provide assurances of which meals had been provided by the external organisation and which had been prepared at the home and therefore was not assured that people had always been given appropriate food. They had not identified that some of the foods provided to people were not in accordance with SALT guidance. After the inspection, the provider obtained assurances from the external organisation in relation to the preparation of food and its safety. They introduced a new process where staff were required to document if the food had been prepared at the home or had been provided by the external organisation to provide better oversight of the foods people were being given.

- The manager had provided staff with guidance about time-specific medicines to help improve their knowledge and people's access to medicines according to the prescribing guidance. One person was living with dementia and had been prescribed medicines to help manage their condition. Prescribing guidance advised to take the medicine at the same time each day to ensure its effectiveness. The person chose to wake at different times each day and staff had demonstrated good practice by respecting the person's right to choose. One member of staff had identified that the times of administration of the medicine varied due to this and therefore there was a risk that the medicine might not have been as effective. They had contacted the pharmacy to request that the medicine was changed to the night time so that the person could have this at the same time each day. This had been implemented for a short time, but the information had not been passed to other staff when they completed further medicine orders. Records showed that the medicine had reverted to the morning administration and the person was receiving this at varying times. When this was raised with the manager they provided assurances that they would discuss this with the person and the pharmacy to ensure the person received their medicines as prescribed.

Improved systems that had been implemented were not yet fully embedded in practice and were not yet robust enough to demonstrate safety was effectively managed. This placed people at increased risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had liaised with and sought advice and guidance from external health professionals such as a SALT and a pharmacist to improve their systems around modified diets and medicines management.

- The management team had made significant efforts to ensure improvements had been made since the last inspection. They had acted to help ensure immediate risks to people's safety were considered and mitigated. There was good oversight of people at risk of dehydration. The manager had contacted external healthcare professionals as they had noticed that the assessment tool previously used was not always person-centred. This meant that some people's recommended daily fluid intakes were not achievable or appropriate for their health condition. Updated guidance had been provided and there were good systems in place to monitor people's fluid intake to help maintain their health.
- People at risk of malnutrition had received safe and appropriate support to maintain their weight and ensure they were provided with appropriate nutrition. The manager had introduced systems to ensure there was better oversight of people's health when they experienced unplanned weight loss. When people had lost weight, this had been identified and appropriate action taken. Staff had been provided with guidance about how to support people effectively to ensure they received sufficient nutrition and calories to maintain their weight.
- People were supported to move and position in a safe manner. Working in conjunction with external health and social care professionals, improvements had been made to the guidance available to staff. For example, photographs and clear instructions of the types of hoists and slings were provided. People told us

they felt safe when they were supported by staff. One person told us, "When they hoist me, it's done by two staff and done well. There is always a lot of laughter." Another person told us, "Staff go with me when I move around with my walker."

- People were involved in discussions and their right to take certain risks was respected. For example, people at risk of falls were able to continue to mobilise independently. The provider had ensured they had access to appropriate equipment and means of calling for help should they require assistance.
- Medicines management had improved since the last inspection. The provider had oversight in relation to other reoccurring themes across some of their other services. For example, staff practice had improved and there was safer management of medicines for one person who was living with Parkinson's disease.
- Some people were living with dementia and had been prescribed medicines to help manage their condition. The manager was mindful of ensuring that there was not an over-reliance on these medicines and that they were not being administered too frequently. They had ensured that reviews with people's GP were scheduled to ensure the medicine remained appropriate for people's needs.
- People's ability to administer their own medicines was assessed and one person was encouraged to maintain their skills in relation to this. When people lacked understanding and had refused medicines, staff had followed safe processes and liaised with external healthcare professionals to ensure people had their prescribed medicines.
- Environmental risks were managed. Equipment was regularly checked to ensure it was safe to use. Plans ensured that people could safely evacuate the building in the event of an emergency.
- People and relatives told us staff were responsive to people's needs to help ensure their safety. A relative told us, "When my relative went through a period of falling out of bed staff lowered the bed down and put crash mats on the floor."

Staffing and recruitment

- Recruitment checks were robust and helped ensure people were supported by staff who were safe to work within the health and social care sector. Checks were made to assure the provider that staff were of good character and suitable for the role.
- There were enough staff to meet people's assessed level of need. People told us when they called for assistance, staff responded in a timely manner and our observations confirmed this. One person told us, "When I've seen another person fall, the staff are very quick to respond and do so in numbers." The manager undertook random checks on the call-bell response times to help provide further assurance that people were not waiting unreasonable times before they received support from staff.
- Staff's skills-mix, and their levels of experience were considered when allocating and deploying staff. New staff were required to work alongside more experienced staff to help them gain the necessary experience and skills.

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

- People were protected from the risk of abuse. Staff understood the signs and symptoms that could indicate that people were at risk of harm.
- The management team had shared information with external health and social care professionals when they had identified concerns about people's safety and had worked alongside the local authority to assist with their enquiries.
- People told us they would speak to staff if they had concerns. People and their relatives had been invited to meetings with the manager to enable them to discuss any concerns in relation to their care. One person told us, "I've never felt unsafe."

Learning lessons when things go wrong

- The manager had made efforts to improve the culture within the home to ensure that when incidents

occurred, lessons were learned. For example, following incidents a root cause analysis was conducted to establish how the incident had occurred and what could be learned from it to prevent and minimise reoccurrence.

- The manager had been proactive and had reviewed the safeguarding enquiries that had been conducted prior to their employment. They had used this information to establish why incidents were occurring and acted to increase staff's awareness and improve practices to mitigate risk to people. For example, the manager had introduced new systems to provide better oversight and guidance for staff so that if there were concerns about one person's health, staff would know when to seek medical assistance in a timely manner.

Preventing and controlling infection

- People were protected from the spread of infection. The environment was clean, and people told us they were happy with the cleanliness of the home. One person told us, "Everywhere is clean, I can't find fault with that."

- The provider assured themselves that infection prevention and control was maintained by conducting audits and monitoring the frequency and type of infections through their daily meetings with staff. This helped ensure timely action was taken when people were at risk of infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

We did not inspect this key question at the focused inspection on 25 April 2019. At the last comprehensive inspection on 11 October 2018, this key question was rated as Requires Improvement. There were concerns about the provider's oversight and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Some people had a condition that had the potential to affect their decision-making abilities. The provider had not assessed their capacity to consent to staying at the home and receiving constant support and supervision. People's relatives, who sometimes did not have the legal authority to make decisions on people's behalfs, had consented to people's care. The provider had not assessed people's capacity prior to this and had instead enabled relatives to be the sole-decision makers about people's care. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection, it was identified that when people had a condition that had the potential to affect their decision-making abilities, staff had not always assessed their capacity to make specific decisions. Instead, staff had asked people's relatives, who sometimes did not have the legal authority to make decisions on their behalf. This included consent to receiving influenza injections. At this inspection, we continued to have concerns. Before the inspection, the provider had raised a safeguarding referral to the local authority as despite being questioned by a member of staff, the GP had administered the influenza injection to people without ensuring consent was appropriately gained. Despite this being raised at the previous inspection and across the provider's other services, where they have been informed that it is part of their responsibilities to assess people's capacity to consent to this, they had not ensured that this was undertaken so that when the GP visited they were aware of who could consent to the injection and who could not. This meant that issues of consent had not been fully considered. The provider had not followed their process to ensure that specific decisions, made in people's best interests, had been reached in consultation with appropriate people and recorded to show why they believed this to be in people's best interests.

- The manager had identified that the implementation of MCA and DoLS needed to improve and was in the

process of ensuring that appropriate procedures were followed to assess people's capacity before gaining consent from others. For example, the manager had identified that decisions relating to people not being resuscitated had been made by people who did not have the legal authority to make decisions on people's behalves. They were in the process of assessing people's capacity to consent to this themselves as well as ensuring appropriate processes were followed to ensure the decision was in people's best interests if they were unable to consent themselves.

- There was improved oversight of DoLS and people who were unable to consent to receiving constant support and supervision, had an appropriate DoLS application made. Some people had conditions associated to their DoLS which were being met. The manager was working with staff to ensure that they provided better evidence to demonstrate how people's DoLS conditions were complied with.

Adapting service, design, decoration to meet people's needs

- The environment might not have helped people to navigate their surroundings and people were not always provided with objects that were meaningful or provided stimulation or orientation. For example, two units of the home supported people who were living with dementia. There were minimal prompts to aid people's orientation in line with best practice guidance when supporting people who are living with dementia. White boards, and printed menus which informed people of menu options, did not provide information in a way that might support some people living with dementia to understand.

We recommend the provider considers current guidance on providing stimulating, meaningful and appropriate environments for people who are living with dementia.

- People had adequate space to move around the home. People were observed mobilising independently with their mobility aids.
- People had private rooms if they wished to spend time alone or receive visitors in privacy. People had been encouraged to personalise their rooms with items that were important to them. This helped to create a homely atmosphere.
- Regular meetings enabled people to be involved in on-going discussions about the home.

Staff support: induction, training, skills and experience

- The provider had not always assured themselves that staff had the appropriate knowledge and understanding of how to support people according to their needs. Records to document staff's training showed that training which the provider considered essential had not always been provided to all staff. For example, 41% of staff had not had training for MCA and DoLS. Two units of the home supported people who were living with dementia, despite this, 58% of staff had not undertaken training to ensure that had the appropriate skills to support people effectively.
- Staff's skills and competencies had not always been appropriately considered in a timely way. Following reoccurring themes that have been identified as part of the inspections at some of the provider's other services, the provider had introduced a moving and positioning and medicines competency assessment for agency staff. At this inspection, this had not always been implemented in practice and the provider had not assured themselves of agency staff's competence before they started to support people. The manager had identified this and was in the process of ensuring that all agency staff had their competence assessed before they started work to help provide assurances that they could support people safely.

Staff's access to learning and development as well as assessing staff's competence to ensure they have appropriate skills to meet people's needs effectively, is an area of practice in need of improvement.

- People provided positive feedback about the skills and experience of staff. They told us that both

employed staff as well as agency staff demonstrated good practice. One person told us, "The staff do the best they can, they are knowledgeable." Another person told us, "When agency staff are on duty, as far as I am concerned, they are very good."

- The provider was aware they were not always following their own policy and were working to ensure that staff's training and skills were appropriate and current. There were plans for staff to complete the relevant training. The provider had also worked with the local authority and had encouraged staff to undertake courses provided by them to further develop their skills. Additionally, the manager recognised the importance of ensuring staff had appropriate skills and encouraged reflective practice and shared learning amongst the team. When staff had attended training, they fed back to other staff to ensure that knowledge was shared. Champion roles were in the process of being developed which would enable staff to specialise in topics related to people's care needs and share this knowledge with other members of staff.
- Staff told us they felt well supported by the management team and that they were approachable and knowledgeable.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed according to best practice guidance. The provider had worked with external health and social care professionals to reassess and review people's needs to ensure that there was a better focus and emphasis on people's care needs and preferences. This had helped ensure that people's needs were effectively assessed and met. People told us they had been involved in this process and their views and preferences were listened to and respected.
- The provider had recognised that staff were not always provided with accessible information about people's assessed needs. They were in the process of implementing a new care planning system. The manager had identified that person-centred information was not always available to staff in an accessible format to enable them to provide person-centred care. This was important due to the use of agency staff and new staff who might not yet know people's needs. The manager had introduced a clear, accessible overview of people's needs that provided staff with information about what was important for that person, what their needs were and how staff could effectively support them. Staff told us they found this useful as they could easily find information to inform their practice.
- People's physical needs had been assessed and people were provided with equipment to enable them to be treated equally with others. For example, when people had physical disabilities they had access to hoists or mobilising wheelchairs to support them to move and position.
- Technology was used so that people were able to call for staff's assistance by using call bells. For people who were unable to use call bells, due to their level of understanding, sensor mats were used so that when people stepped on these, staff were alerted and were able to go to the person's aid.

Supporting people to eat and drink enough to maintain a balanced diet;

- People told us they were happy with the food that was provided. They told us they had choice and that staff accommodated their preferences and beliefs and our observations confirmed this. One person told us, "The meals are very pleasant, good home cooking."
- When people required support to maintain a healthy weight, meals had been fortified with products such as full-fat milk, cream and cheese to help increase people's calorie intake.
- The manager had worked with external social care professionals who had also offered advice as to how to provide a more relaxed, enjoyable and pleasant dining experience for people. Staff were advised to ensure soft music was playing in the background to promote a relaxing experience and that tables were laid to make the environment more presentable and appealing and we observed this in practice.
- When people required a modified diet and had their meals pureed, staff had ensured that these were presented in an appetising way. Each item of food had been pureed and presented as separate portions on

the plate so that the person would be able to differentiate the types of food.

- People had access to regular drinks and snacks throughout the day and staff were observed regularly reminding and prompting people to drink. One person told us, "There is always plenty of juice and I can have fruit when I like."

Supporting people to live healthier lives, access healthcare services and support;

- People were supported to maintain their health. They had access to prescribed medicines to help manage and maintain their health. People had received appropriate support if they had health conditions that required monitoring by staff or external health professionals. Staff contacted external professionals in a timely way if people were unwell.
- The management team had implemented systems to help ensure people's health was promoted and maintained. For example, there was an increased focus on people's nutrition and hydration.
- People received a consistent service as staff liaised and worked alongside external healthcare professionals to coordinate people's care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

We did not inspect this key question at the focused inspection on 25 April 2019. At the last comprehensive inspection on 11 October 2018, this key question was rated as Requires Improvement. This was because one person was not supported in a dignified way as they had not always been assisted with their personal hygiene or care needs. At this inspection this key question remained the same. This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Some staff were observed communicating about people's needs in the communal lounge in front of other people which did not respect people's right to privacy. Two members of staff were heard using language that was not always appropriate. They were heard saying, "I 'did' X", "I 'fed' X" and "X 'soiled' themselves". This type of language did not demonstrate respect for people and was not promoting dignified or respectful care.
- Four people were sitting in the lounge where three members of staff were completing records of people's care. A fourth member of staff came into the lounge and asked the staff to complete records to document meaningful conversations with people to promote awareness about people's interests, pasts and preferences. One person attempted to speak to a member of staff about the records they were completing, the member of staff ignored the person and placed the document in which they had been tasked to record meaningful interactions, beside them. The person was not communicated with and staff continued to complete documentation. The person was left watching the members of staff and no attempt was made to involve them or interact with them.

When these examples were fed back to the manager, they took immediate action. They provided assurances that discussions would take place with the staff concerned and staff would be asked to complete reflective accounts about the impact their practice had on people.

- Most staff communicated with people in a caring, compassionate and dignified manner. Staff were observed talking to people about the photographs they had on display or what they used to enjoy doing. People were seen to be enjoying the interaction and were smiling and actively engaged in conversations.
- People gave praise for the caring nature of staff and told us they were caring, helpful and friendly. One person told us, "Staff are nice and friendly, always ready to help. There are some staff who are exceptionally nice." People told us that staff treated them with dignity and maintained their privacy.
- People's differences were considered, and support was adapted to ensure people received equal access to the care provided. Independence was respected and encouraged. People were observed mobilising independently around the building using their mobility aids. People who required adapted crockery and cutlery were provided with suitable equipment to enable them to remain independent when eating and

drinking.

- People's religious and cultural needs were established when they first moved into the home and people were able to continue to practise their faith if they so wished.
- People were supported to have contact with their family and friends. Staff were observed supporting one person to speak to their relative on the telephone. Relatives told us they could visit at any time and were always made to feel welcome.
- Handover meetings, where staff discussed people's care needs, were conducted in offices so that people's privacy was maintained. Information held about people was securely stored in locked cabinets and offices.

Supporting people to express their views and be involved in making decisions about their care

- The manager had worked hard to improve the inclusivity for people and enable them to be central to their care. They had recognised that people had not always been supported or encouraged to discuss their care needs in the past. Letters had been sent inviting people and their relatives, if this was appropriate, to meetings with the manager to discuss their needs and to ensure they received a service that was based on their needs and preferences. People told us they valued this approach and it made them feel respected and listened to.
- People told us they felt comfortable expressing their views with staff. One person told us, "Staff do involve me in decisions."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

At our last inspection, the provider had not always ensured people were provided with person-centred care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's needs had not always been assessed in a timely way. Reviews of people's care had not always identified changes in their needs. Staff had not been provided with consistent guidance about people's care needs. Information had not been adapted to meet people's differing communication needs. Following the inspection, the provider sent us an action plan to inform us of what they would do and by when to ensure that improvements were made. At this inspection, the provider had made progress through the changes being made by the manager and was still working to achieve all they had included on their action plan. The planned improvements were in the process of being implemented, embedded and sustained in practice and although improvements had been made, the provider was still in breach of this Regulation.

- People did not always receive person-centred care to reflect their assessed needs or preferences. One person, who was living with dementia, was not always cared for in a dignified manner that met their assessed needs. The person's teeth were visibly unclean with food debris and plaque. Assessments had advised staff that they should support the person to clean their teeth twice each day. Records showed that the person had not been supported to have their teeth cleaned for four days and staff were unable to provide any explanation as to the reasons why. Records for the previous month showed that the person had not been supported to have their teeth cleaned for a period of 15 days. This did not demonstrate respectful or dignified care and was not in accordance with the person's assessed level of need. This was immediately fed back to the manager who acted to ensure lessons were learned. They assured us that the importance of meeting people's assessed needs would be fed back to staff, who would also be required to complete a reflective account enabling them to acknowledge how their lack of support had impacted on the person.
- People told us their social needs were not always met. There was mixed feedback from people and relatives about the activities and stimulation provided. One person and their relative told us, "The activities have gone downhill recently but I have noticed a new activity list is in the lift today. We are happy with the level of care it is the mental activity that is the problem. Hopefully activities will improve, it used to be brilliant. I have asked for more age-appropriate music and television programmes." Another person told us, "There is not a lot going on now and we've just come to accept it." Some people fed back that they would like to be supported to go out of the home more often. One person told us, "It's okay living here but I've been here two years and I have only been out twice." Our observations showed that some people, who were more dependent on staff to meet their needs, spent large amounts of time unoccupied and with little stimulation.

The provider had identified that this was an area of practice that needed to improve. Work was ongoing to ensure that all people had equal access to sources of stimulation and interaction. The provider was working with social care professionals from the local authority to help enhance stimulation for people to ensure they had meaningful, person-centred interactions with others.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people were living with dementia. Information was not always provided in a way that supported them to understand and make choices. People were asked to choose their meals for the following day. Some people were able to make this choice and staff respected their right to change their mind on the day if they preferred an alternative option. This approach did not accommodate people who were living with dementia who might find it hard to remember what they had chosen the previous day. The Social Care Institute for Excellence states, 'As dementia progresses a person might have difficulty choosing and deciding on the food they want to eat. Calling out a list of options can be confusing and difficult for the person as they may not recognise what the food is from hearing the words alone'. The manager had identified that this was an area that needed to improve. They had implemented a system whereby staff had been asked to provide two sample plates, each showing the choice of meal. These would then be shown to people, so they had a visual aid that could help them to choose. We did not see this implemented in practice and our observations showed that people were sometimes confused as to what was being offered and what they had chosen to eat.
- Information had not been adapted to meet the needs of people living with dementia. Complaints procedures as well as an annual survey that was sent to people, had not been adapted to provide a more user-friendly way of enabling people to share their views.

The provider had not always ensured that the care and treatment provided to people was appropriate, met their assessed needs or reflected their preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Observations showed people enjoying live music and people were observed tapping their feet and smiling whilst listening to the music. Volunteers provided opportunities for people to partake in activities that were of interest to them. Cheese and wine evenings were held to enable people to socialise and continue to have experiences that they had enjoyed before moving to the home. One person told us, "They are helping me manage an activity which I enjoy." Another person told us, "I do join in the entertainment, I enjoy them, there is a lot going on, like singers and quizzes."
- People who spent time in their rooms had access to interactions with staff. Observations showed staff spending time with people, talking about their interests and life-histories. One person who required care to be delivered in their room told us, "They do give me a choice to attend activities if I want to."
- The manager had identified the importance of person-centred care and meaningful conversations. They had implemented systems to change the culture of staff practices. They had encouraged staff to interact with people and there was an increased focus on finding out more about 'the person' before they had moved into the home. Staff were observed engaging in conversations with some people about their lives and memories. The staff then shared this information at daily meetings and by documenting their conversations to increase staffs' awareness of the people that lived at the home.

Improving care quality in response to complaints or concerns

- The manager encouraged a culture of reflection and learning. When concerns or incidents had occurred these were dealt with according to the provider's policy and were also used as opportunities to learn and improve practice. In response to the concerns that had been found at the previous inspection, and to those previously raised by people and their relatives, the manager had introduced a number of systems and processes to help improve the delivery of care and ensure outcomes for people improved. These were in the process of being implemented, embedded and sustained in practice.
- The provider had a complaints policy and people were made aware of how to raise a complaint within the information provided to them when they first moved into the home.
- People and their relatives told us they felt comfortable to raise any concerns. Concerns as well as compliments were shared with the staff team to share the learning and help improve people's experiences.

End of life care and support

- People were able to plan for their end of life care and were able to remain at the home until the end of their lives. A relative told us that they valued the care that had been provided to their loved one and they were comforted by them being cared for at the home in familiar surroundings and with staff they knew and trusted.
- Staff had worked with external healthcare professionals to ensure people had appropriate medicines so that their comfort was maintained.

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 Inadequate. The provider had not always assessed, monitored or improved the quality and safety of the service provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were wide-spread concerns about the provider's failure to improve and implement learning from across their services within the Sussex area. There was a lack of oversight and action taken and shortfalls that were found as part of the inspection had not been identified by the provider. Records to document the care people received were not always well-maintained or completed in their entirety. At this inspection, some improvements had been made, there was better oversight to ensure appropriate actions had been taken to help improve outcomes for people. This key question has improved to Requires Improvement. 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. Some improvements that had been made were yet to be fully embedded and sustained in practice. The provider was still in breach of this Regulation and has therefore been in breach of Regulation 17 at the last three consecutive inspections.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- There has been an increased focus on the provider's services within the Sussex area, by the provider, the local authority and CQC, due to ongoing concerns about their failure to address and improve reoccurring themes. Since the last inspection, the provider had acted to help improve the service people received. They had worked with external health and social care professionals and had employed dedicated quality improvement managers and an interim manager to help drive improvement. These professionals had made changes and helped ensure improvements to the wide-spread concerns found as part of the last inspection, were being made.
- Since the last inspection, the registered manager had left. The management team consisted of an interim manager, who had been in post for three months, and a deputy manager. The management team had made significant improvements. The interim manager told us the provider had afforded them free-reign and as a result they had introduced their own systems and processes to provide better oversight of people's care. They had worked hard to improve the culture and outcomes for people. There was an increased confidence that the new systems and processes that had been introduced would ensure people's care improved. Not all these systems were implemented, and those that were had yet to be fully embedded and sustained in practice to ensure all shortfalls were identified and managed.
- Shortfalls in the delivery of care found as part of this inspection, had not always been identified by the new systems that had been introduced. For example, team leaders were tasked with monitoring and overseeing the records completed by staff in relation to people's personal care and repositioning needs. These

members of staff had failed to identify that one person had not been supported for several days with aspects of their personal hygiene. It had not been identified that although staff had recorded when they had supported one other person to reposition, this was not in accordance with the person's assessed level of need or the frequency in which they needed to be supported. Neither had it been recognised that people who required a modified diet had potentially been given foods that were not in accordance with SALT guidance or that one person had been given a high-risk food.

- The provider had not always learned from some concerns that had been raised at previous inspections at some of their other homes within the Sussex area. There have been reoccurring themes in relation to MCA and DoLS over the past two years in ten out of twelve of the provider's services within the Sussex area.
- Records, to document the care people had received were not always completed in their entirety or well-maintained. Improvements had been made since the last inspection and the records to document people's hydration were well-maintained and monitored. Some records contained inaccurate or conflicting guidance for staff. For example, guidance for one person provided conflicting information about the frequency in which they should be supported to reposition. Staff had not always ensured that they accurately completed records and it was not evident if people had received appropriate care or if staff had failed to correctly document their actions. Records, to document the administration of topical creams or the support provided to people to reposition, were not always maintained.

There was an increased confidence that the service people received would continue to improve and the systems and processes that the manager had introduced would help the provider to continue to assess, monitor and improve the quality and safety of the service provided. Not all improvements that had been made were embedded sufficiently to provide assurance that the improvements would be sustained and they required further time to be fully embedded in practice. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When concerns were fed back to the manager at the inspection, they took immediate action to ensure that plans were implemented to ensure the issues raised were addressed and improved. There was confidence that the manager was receptive and responsive.

- There have been on-going themes amongst the provider's other services within the Sussex area in relation to unsafe medicines management for people who are living with Parkinson's disease and people who require modified diets being given high-risk foods. The provider had acted to ensure lessons were learned and had implemented specific training to increase staff's awareness. Systems and processes had been introduced to minimise potential risks and were in the process of being embedded in practice.
- People and relatives' feedback were positive. One person told us, "The management and staff here encourage you to do things and they seem to lift the place." A relative told us, "The manager is a lovely lady, listens and always tries to provide solutions." Another relative told us, "I am happy with the management and things have settled." A third relative told us, "We know the deputy manager, she is very good, she knows what she is doing."
- Staff were praised and thanked for their efforts by the manager and when compliments were received these were shared with the staff team to encourage good practice and boost morale. Staff were complimentary about the changes that had been made. They told us they felt well-supported. One member of staff told us, "The manager has made sure support workers have more responsibility. The staff morale has greatly improved. There have been some big changes but it's all for the better."
- There was confidence that the systems that the interim manager had introduced would provide better oversight and better outcomes for people once they had been embedded in practice by staff. The management team had worked hard to change the culture and support staff to demonstrate a more person-centred approach to care. For example, the manager had introduced a daily meeting where all heads of

department met to discuss people's needs. This enabled issues that related to one person to be shared, if appropriate, with all staff that had responsibilities for certain aspects of the person's care. Staff also fed back that this made them feel valued and part of a team where there was shared responsibility and ownership. The manager had recognised that following the last inspection, there were a number of improvements that needed to be made. They had empowered staff and had delegated tasks to staff to promote responsibility and accountability. This had helped to drive improvement and staff were working cohesively as a team with a central goal of improving care and experiences for people.

- New audits and systems to monitor risk had been introduced by the manager. This enabled them to have a better oversight of people's health needs to help monitor and mitigate risk. This included oversight of falls, unplanned weight-loss, infection control, medicines and health conditions.
- The manager encouraged staff to see the benefit of ongoing professional development. Staff's practice was questioned, and they were encouraged to think about their practice and how this could be improved. There was a no-blame culture and when incidents had occurred, reflective practice was encouraged within meetings where lessons learned were shared with the staff team. Staff were encouraged to complete reflective statements enabling them to think about their actions and the impact this might have had on the care people received. This encouraged improvement and helped challenge some of the previous practices and culture that had been found at the last inspection.
- The focus on improvements made by the management team enabled staff to continue to strive to implement the provider's aims of wellness, happiness and kindness.
- We asked staff how they would continue with the systems and processes that the interim manager had introduced once they left the home. Staff told us that although this had increased their workload, they could see the benefits the systems had already provided. The provider was asked how these positive changes that had been introduced by the interim manager would be embraced, fully implemented and embedded, once the interim manager left. They provided some assurances and told us they would evaluate the success of the changes that had been made and take forward any new ways of working if these were found to be effective.
- The provider was aware of their regulatory responsibilities and had notified us of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had embraced all the support that had been provided by interim members of staff as well as external health and social care professionals. They had taken on board feedback to improve the delivery of care and were working in partnership with professionals to ensure people's experiences, as well as the care that was delivered, continued to improve.
- People and their relatives had been asked if they would like to meet with the interim manager and were active participants in planning their care where their views were listened to and respected. One person told us, "Recently there was a meeting for us [people and relatives] with the manager and reps from each department asking us singularly what improvements to the home could be made and they invited us to give criticisms and complaints."
- Staff were involved in discussions about the home and people's care. Staff meetings enabled staff to raise suggestions and ideas to the management team. These were listened to and helped create a whole-team approach to the delivery of care.

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 management team and provider had worked hard to change and improve. They now demonstrated a candid, open and transparent approach. They had informed CQC and other external health and social care professionals, when care had not gone according to plan.

- People and their relatives told us that the management team and staff were open and honest with them. Records also showed that they were kept informed of any changes in people's needs or if care had not gone according to plan. A relative told us, "Shaw Healthcare have been open about the care rating and how they hope to improve it."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Regulation 9 (1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care. The registered person had not ensured that the care and treatment of service users was appropriate, met their needs or reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Safe care and treatment. The registered person had not ensured that suitable arrangements were in place for ensuring that care and treatment was provided in a safe way and had not effectively assessed or mitigated the risks to service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 (1) (2) (a) (b) (c) (d) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The registered person had not ensured that systems and processes were established and

operated effectively to:

Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.