

# SHC Clemsfold Group Limited

# Kingsmead Lodge

## Inspection report

Crawley Road  
Roffey  
Horsham  
West Sussex  
RH12 4RX

Tel: 01403211790

Website: [www.sussexhealthcare.co.uk](http://www.sussexhealthcare.co.uk)

Date of inspection visit:  
18 August 2020  
19 August 2020

Date of publication:  
09 October 2020

## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Kingsmead Lodge is a residential care service that is registered to provide accommodation, nursing and personal care for up to 20 people. Care and support was provided to people living with a learning disability or autistic spectrum disorder, physical disabilities and younger adults. At the time of this inspection Kingsmead Lodge was providing support for seven people.

Kingsmead Lodge is owned and operated by the provider Sussex Healthcare. Services operated by Sussex Healthcare have been subject to a period of increased monitoring and support by local authority commissioners. Due to concerns raised about the provider, Sussex Healthcare is currently subject to a police investigation. The investigation is on-going, and no conclusions have yet been reached.

Kingsmead Lodge had been built and registered before the Care Quality Commission (CQC) policy for providers of learning disability or autism services 'Registering the Right Support' (RRS) had been published. The guidance and values included in the RRS policy advocate choice and promotion of independence and inclusion, so people using learning disability or autism services can live as ordinary a life as any other citizen

The service was not operating in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. Kingsmead Lodge is a purpose built care home for people with learning disabilities. It provides ground floor accommodation for up to 20 people. The internal features of the service did not reflect a domestic style property. For example, there were several offices close to the communal areas and people's bedrooms, there was an industrial style kitchen and signage around the service indicated that people were living in a care home. Nursing and care staff wore uniforms which clearly identified they were employed to support people. The buildings design did not fit into the local residential area and there was external signage that identified it as a care home.

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

Risks to people's health and wellbeing were not consistently managed. People did not always receive safe support in relation to their epilepsy and complex eating and drinking needs. Systems used to monitor people's health were not always applied consistently.

Processes in place for assessing and monitoring the quality of the service had failed to identify that people were not always protected from avoidable harm. People's epilepsy was not always managed safely, and staff practice did not always ensure people received safe care. Safe care practices were not always recorded accurately within people's care records.

People did not always receive support to meet their assessed mobility needs. This was due to a lack of partnership working between Kingsmead Lodge and physiotherapy services operated by Sussex Health Care. There was a lack of clinical oversight and agency nursing staff had not received regular clinical supervision.

People had received support to stay safe during the current national pandemic of COVID-19 and the service demonstrated good infection control procedures. Personal COVID-19 risk assessments had not been undertaken with staff to ensure their safety. We have made a recommendation to the provider about this.

Medicines were managed safely. Staff used positive behaviour support strategies to enable people to understand and manage their behaviour's that may challenge. People were observed to be engaging positively with staff supporting them. The environment was bright, spacious and personalised and people's craft and artwork were displayed. Visitors to the service provided consistently positive feedback about the manager and the service people received.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons; People did not always receive personalised care.

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

#### Rating at last inspection and update

We last inspected this service in January 2020. The service was rated requires improvement (published 7 July 2020) and there were four breaches of regulations. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

The service remains rated as requires improvement. This service has been rated as requires improvement for the last two consecutive inspections.

This service had been in Special Measures since September 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced comprehensive inspection of this service on 14 and 15 January 2020. Breaches of legal requirements were found in relation to Regulations 9 (Person Centred Care), 12 (Safe Care and Treatment), Regulation 18 (Staffing) and 17 (Good Governance). On 23 March 2020 we imposed conditions on the provider's registration detailing that Kingsmead Lodge must submit a monthly report addressing actions taken to improve epilepsy care, the amount of clinical oversight at the service and actions to improve the use of NEWS and behaviours which challenge.

In January 2018 the Care Quality Commission imposed provider wide conditions on the provider's registration. The conditions are therefore imposed at each service operated by the provider. CQC imposed the conditions due to repeated and significant concerns about the quality and safety of care at a number of services operated by the provider.

The conditions mean that the provider must send to the CQC, monthly information about incidents and accidents, unplanned hospital admissions and staffing. We will use this information to help us review and monitor the provider's services and actions to improve, and to inform our inspections.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. We looked at the previous breaches of Regulation 12 -Safe Care and

Treatment and Regulation 17 -Good Governance. Not enough improvement had been made and the provider remained in breach of Regulation 12 and 17.

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

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Regulation 12- Safe Care and Treatment and Regulation 17- Good Governance

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

More information can be found in the safe section of this report.

**Requires Improvement** ●

### Is the service well-led?

The service was not always Well-Led

More information can be found in our well-led section of this report.

**Requires Improvement** ●

# Kingsmead Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

#### Inspection team

The inspection took place over two days on the 18 and 19 August 2020. The inspection was undertaken by two inspectors.

#### Service and service type

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

The service had a manager employed but did not have a manager registered with the Care Quality Commission (CQC). At inspection, the manager had applied to CQC to be the registered manager for the service and their application was being processed. This means the provider held sole legal responsibility for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection. This was because of the COVID-19 pandemic. We wanted to check if anyone was displaying any symptoms of the virus and to be aware of the provider's infection control procedures.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This 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.

We reviewed information we had received about the service since the last inspection. We spoke to professionals and relatives who have regular contact with the service. We used all of this information to plan our inspection.

#### During the inspection

We engaged with and observed seven people who used the service and received feedback from five relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, seven care and auxiliary staff and three registered nurses. We spoke with three other people employed by the provider including a clinical nurse specialist, quality support manager and the chief executive officer (CEO) for Sussex Healthcare.

We reviewed a range of records. This included five people's care and medication records. We viewed a variety of records relating to the management of the service, agency nursing profiles and training, quality audits and accident and incident records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We continued to receive feedback from staff and health and social care professionals about the service.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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

At the last inspection in January 2020, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because risks associated with epilepsy and behaviours which challenge were not managed safely.

At this inspection, not enough improvement had been made with regards to people's epilepsy and the provider remained in breach of Regulation 12.

- At the last inspection in January 2020 risks to people with epilepsy were not being monitored, assessed or managed safely. At this inspection people remained at risk of harm because processes to monitor people's epilepsy using technological equipment were not robust. Audio and video devices were used to monitor three people's epilepsy when they were alone in their bedroom's both during the day and night. Two people used a visual monitor which had been introduced since the last inspection, and another person continued to use an audio monitor. Information was not available to guide staff to monitor people's epilepsy safely using this equipment. Care plans and risk assessments continued to lack information to guide staff on the visual and audio prompts that would alert staff that a person might be experiencing a seizure.
- For example, at the last inspection it was identified that guidance was not available to staff to alert them to a person's seizure activity using an audio monitor. At this inspection the person's care plan had not been updated to include this information. The care plan had been updated to describe the physical appearance of their seizure but did not include information that would alert staff to the sound of the person's seizure activity. Staff told us the person made a loud vocal noise immediately prior to a seizure commencing. This was described as similar to a scream or shout and alerted staff to the onset of a seizure for this person. This level of detail was not recorded within the person's epilepsy care plan and was not readily available to new staff members or agency staff. This meant there was a risk of people's seizures going unnoticed because information to keep them safe was not available to staff.
- People could not be assured of receiving safe epilepsy support. On two occasions during the inspection we observed a failure to safely monitor a person's epilepsy in line with their assessed needs. The CQC inspector observed a person's audio monitor to be unattended whilst the person was alone in their bedroom. The CQC inspector informed the manager who took immediate responsibility for holding the monitor. On the second day of inspection the same person was in their bedroom alone. Their monitoring device was on a shelf in the activity room. There were two care staff and a nurse in the activity room, each had failed to realise the monitor had power failure and was not working. The CQC inspector made staff aware of this and the monitor was immediately connected to the power supply whilst another member of staff went to check on the person's well-being. On both occasions the person had been placed at risk of



avoidable harm because measures designed to keep them safe had failed.

- A person using a Percutaneous Endoscopic Gastrostomy (PEG) did not always receive safe care. A PEG is a feeding tube into a person's stomach and is used to provide the person with the nutrients and fluids they need. People who have a PEG are at an increased risk from aspiration especially when lying flat as fluid can travel up the oesophagus from the stomach and into a person's lungs. One person living at the service used a PEG for all of their nutritional and fluid requirements. Risk management processes had failed to identify the risk of aspiration or how to reduce the risk of this occurring. The risk of a person aspirating can be mitigated by waiting 30 minutes before providing personal care or other activities that may require the person to lay flat. This information was not available within the person's risk assessment and risks relating to the use of a PEG had not been properly assessed or considered. This placed the person at risk of serious harm from developing aspirational pneumonia.
- Information to keep a person safe was not consistently documented, shared or applied. The same person's eating and drinking care plan recorded the need to pause their feeding tube prior to personal care however it did not specify how long for. Staff we spoke with confirmed they were doing this. In a different part of the same care plan it referenced the need for the feed to be stopped 30 minutes prior to personal care. It did not provide any further information as to why this was or the associated risks. The care plan lacked consistent guidance for staff on providing safe personal care. Information was not available to alert staff to the signs and symptoms that would indicate the person was aspirating or the action to take.
- We spoke to staff about the risks of aspiration for this person. There were inconsistencies with staff's knowledge and practice. Nurses told us they waited 30 minutes after pausing the feed, two care staff told us they were unaware of this requirement so had not been waiting. The manager was aware of this requirement but had not sought to ensure it was being consistently applied. Staff were not consistent in supporting the person with personal care in a safe way which exposed the person to the risk of serious harm. We discussed this with the manager who took immediate action to remind care staff of this requirement and update the person's care plan.

The provider had failed to assess and manage risks relating to people's health and welfare. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People's positive behaviour support (PBS) plan's provided information to guide staff to provide consistent and appropriate responses to people's behaviour. PBS is a person-centred approach to people with a learning disability who may be at risk of developing behaviours that challenge. The aim of PBS is to improve the quality of a person's life and that of those around them. Since the last inspection some staff had received training in PBS. People's PBS support plans had been reviewed and updated and there was evidence of involvement from the positive behaviour support team. People's PBS plans provided staff with guidance to understand how to prevent and respond to challenging behaviours and techniques to teach new skills.
- For example, we observed staff following a person's PBS plan to implement strategies when they recognised the signs of the person's anxieties increasing. Staff used positive encouragement and feedback to support the person to refocus on a task with a positive outcome. This approach had a positive impact for the person and their anxieties were reduced. Staff told us the person was being supported to understand their own feelings and emotions through this focused engagement. Records used to monitor and record the person's behaviour showed, and staff confirmed, there had been a reduction in incidents resulting from the person's behaviour since the last inspection.
- People had received specialist medical treatment when it was considered an underlying health concern could be the cause of a change in behaviour. For one person, a holistic approach to understanding changes in their behaviour, resulted in a change in their epilepsy medication and a diagnosis of being pre-diabetic.

The persons care records showed, and staff confirmed, since the changes had been implemented there had been a reduction of behaviours that had a negative impact for the person.

- People received appropriate support to manage other the risks associated with their health. A relative said of their loved one, "Her health is checked all the time; everything is done that is needed. They keep me informed and if they find anything, they always contact me and ask me what I think." We observed that speech and language therapy (SaLT) guidelines were followed at mealtimes. Measures were in place to mitigate the risk of people choking by ensuring people were provided with food and drink at the correct texture and consistency assessed by the SaLT.
- Appropriate measures were in place to ensure a person's PEG remained healthy and free of infection. There were clear guidelines on how to keep the PEG site clean and how to rotate the tube to prevent it sticking. Care records showed that procedures to ensure the PEG site remained healthy were undertaken appropriately.

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

- Systems and processes protected people from the risk abuse. Staff understood how to report any concerns about people's safety they may have and worked in line with the local authority safeguarding policy and procedures. For example, care records and incident and accident monitoring showed that incidents such as unexplained bruising had been considered in line with local authority safeguarding guidance.
- Staff had received training in safeguarding people from the risk of abuse. Staff we spoke to knew how to recognise, report and record concerns. One staff said, "I would report a concern to my manager, and I would feel safe that I could do that." Another told us there was a telephone number staff could call to report concerns in confidence to the provider and another one for the local authority. Staff were aware of the providers whistleblowing policy and told us they felt confident that if they used this their concerns would be investigated.
- We observed positive interactions between people and staff. Staff engaged with people in a caring and compassionate way. One person we spoke to communicated using one or two word sentences and used the following words to describe their experiences of feeling safe, 'Happy', 'Nice' and "Safe yes." Another person told us staff were kind to them adding "Yes I do" when asked if they felt safe living at Kingsmead. This person also told us they would tell the manager if something was wrong. This was confirmed by their relative who said, "[name] can speak very well, and she would say if she felt anything was wrong."
- Relative's overwhelmingly told us they felt their loved ones were safe. A relative speaking about their loved one said, "All you can ask for is they are happy and well cared for. She is very well taken care of." Another relative shared with us the positive impact and experiences of their loved one since moving to Kingsmead Lodge, adding, "I can't fault them." Relatives told us their loved ones needs were met.

#### Learning lessons when things go wrong

- The provider had not always learnt lessons when things had gone wrong. Some of the required actions from the previous inspection report had not been fully met. We have reported on this in more detail in the Well-Led section of this report.
- Since the last inspection there had been an improvement in the way people's behaviour that may challenge was managed and recorded. Staff meeting notes evidenced discussions around the importance of recording and completing ABC records (ABC recordings are a tool to record what happened before, during and after an episode of behaviours that may challenge). For example, records showed that a person had been provided with a pamper activity of their choice when staff had recognised the early signs of a behaviour change. This had a positive outcome for the person, enabling them to regain a feeling of calm and prevented a further escalation of their behaviour.
- There had been an improvement in the monitoring and recording of people's hydration levels. There was

no correlation to suggest hydration had an impacted negatively on people's epilepsy or continence. People's hydration levels had been maintained during the recent heatwave and there was no evidence to suggest people had become dehydrated during this time.

### Staffing and recruitment

- There were safe systems and processes in place for recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. Checks were made with the Nursing and Midwifery Council (NMC) to ensure nurses were fit to practice.
- There were enough staff to support people safely. Staffing levels were determined by the level of care and support each person required. There is a qualified nurse on each shift. Our observations showed that staff responded quickly to people's requests for support and had time to sit and talk to people. Throughout the inspection people appeared happy and comfortable in the company of staff.
- The rota showed that safe staffing levels were being maintained during the day and night. The service employed two nurses, both of whom worked nights. During the day there has been a long term reliance on the use of agency nurses to ensure safe staffing levels are maintained. Whenever possible regular agency staff were used. This lessened the impact of people being supported by unfamiliar staff, and also provided some continuity of care. Agency profiles are in place and we checked these to ensure agency nurses working at the service had the suitable skills, qualifications and knowledge to do so.
- We spoke to two agency nurses who told us they worked at the service regularly and knew the people and the service well. Both agency nurses had a good knowledge of people's individual needs. This was confirmed through our verbal questioning about care and practice requirements as well as our observations during the inspection.
- Relative spoke warmly and positively about the staff. Comments included, "They are a lovely team" and, "the staff, I love them all. They're like a family."

### Using medicines safely

- People received their medicines safely. Medicines were administered by nurses or by senior staff who were trained in administration of medicines. People's medicine records (MAR) were audited regularly and any omissions or errors identified, and appropriate action taken.
- There were protocols in place for PRN ('as and when required') medicines. We observed staff considering whether a person required PRN medication due to a build-up of oral secretions. Staff followed the person's PRN protocol to try alternative measures of oral suctioning first. This was successful.
- Anticipatory medicines were in place for people reaching end of life. These were reviewed by a GP on a regular basis. Medicines were kept in a locked cupboard room and temperatures were recorded daily to ensure the correct temperature for storage of medicines was maintained.

### Preventing and controlling infection

- As part of CQC's response to the coronavirus pandemic we are conducting a thematic review of infection control and prevention measures in care homes. We were mostly assured the service were following safe infection prevention and control procedures to keep people safe. The service was following Public health England guidance in respect of Covid-19. In order to keep staff safe, we recommended the provider undertakes individual COVID-19 risk assessment with members of staff. This would determine if higher risk staff would need to be redeployed in the event of an outbreak of the virus.
- The service was clean and smelt fresh. Staff wore appropriate personal protective equipment (PPE) and we observed hand gel and hand wash throughout the service. People entering and leaving the service did so by stepping on a disinfectant mat and all people entering the service had their temperatures taken and recorded. Processes were in place to guide staff on what to do if they were concerned about a visitors

health.

- Staff received training in infection control including COVID-19. We saw staff undertaking good hygiene practices throughout the inspection. Relatives told us they were reassured by the measures put in place by the service to keep their loved ones safe. One told us their relative had a temperature in April and staff were quick to act on isolation and testing which returned a negative result. Another said "The place is spotless too. The rooms are clean, the clothes are clean."

# 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. At this inspection this key question has now 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.

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

At the last inspection there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because there was a continued failure to ensure quality assurance and governance systems were effective. At this inspection not enough improvement had been made and there was a continued breach of Regulation 17.

- At the previous inspection in January 2020 we identified four breaches of regulation. This was a focused inspection covering the Safe and Well led domains, so we did not look at all of these areas; however, the breaches we looked at that were identified in the key questions Safe and Well-led remained unmet. These were breaches related to safe care and treatment and good governance. This is now the seventh consecutive inspection in which these regulations have remained in breach.
- The providers quality assurance processes were not effective in identifying the concerns found at this inspection regarding the use of epilepsy monitoring equipment. Processes were not in place to ensure staff knew how to use the equipment effectively and support plans lacked important information to monitor people's epilepsy safely. Guidance was not in place to ensure staff were clear about who was responsible for monitoring the devices when they were in use and there was a lack of contingency planning for equipment failure. The lack of processes meant that on two occasions during the inspection staff had failed to identify that their actions had placed a person a significant risk of harm. This was because their epilepsy monitor was either not in working or being monitored by staff.
- Systems and processes for quality monitoring had failed to identify the lack of accurate and contemporaneous information in people's care records. For example, monthly audits had failed to identify inaccuracies within a person's NEWS record. For another person their record of nutritional feed through their PEG tube was recorded as being 250 ml higher than the amount prescribed or administered. This had resulted in an inaccurate total of fluid intake for the person which had not been identified or explored. This had not impacted negatively on the person and their hydration levels were maintained.
- There remained some inconsistencies in the use of the National Early Warning Score (NEWS) audit tool. The service used NEWS to monitor people's health following a seizure or when a change in a person's health was observed. NEWS is used to determine the degree of a person's illness by allocating a score of nought to six regarding routine observations including breathing rate, pulse and blood pressure. At the previous five

inspections in September 2018, December 2018, January 2019, May 2019 and January 2020, NEWS was not consistently robust in driving improvements. At this inspection there was an increase in NEWS recordings and some staff had received training. However, we identified some inconsistencies in the way that NEWS was being applied.

- For example, there were two occasions when a person's NEWS score had been calculated higher than it should have been, and an occasion when a person failed to have a NEWS score following a seizure, in line with their support plan requirements. NEWS audits ensure a person is monitored for any changes in their condition following a seizure and accurate scores are required to ensure prompt escalation for medical intervention. These omissions and inaccuracies had the potential to impact on staff recognising a deterioration in a person's health and in seeking appropriate medical intervention.
- People's care records showed that on this occasion people had not experienced harm because of these staff failings. Daily notes showed staff had undertaken direct observations of the person at regular intervals following their seizure and staff consulted with a medical practitioner for the two people whose NEWS recordings had been calculated higher than they should have been.
- The provider had failed to utilise the requirements of a condition imposed on their registration to proactively and accurately monitor and improve services including Kingsmead Lodge. This provider level condition was imposed in December 2018. Every month the provider was required to submit to the Care Quality Commission a report which included steps taken to assess the skills and competency of staff (including agency nursing staff). Since March 2020, the provider had also been submitting a monthly report following the imposition of a location level condition which required them to document how improvements to NEWS and epilepsy management were being driven. The imposition of this condition failed to drive sufficient improvement.
- At this inspection there was a continued failure to ensure agency nursing staff consistently received competency assessments and were receiving regular clinical supervision. The provider's monthly condition report submitted in July 2020 referenced that 'clinical team will provide support for completing competencies with agency and permanent nursing staff in July.' During the inspection, the manager advised this was due to the national COVID-19 pandemic which had restricted professionals moving between services and impacted on their ability to provide clinical supervisions to agency staff. The provider had not considered alternative measures to provide clinical supervision during this time and this had not been considered or reflected in the submission of their monthly report. A clinical nurse specialist had been appointed in June 2020 to work across a number of the provider services including providing clinical supervision to agency staff at Kingsmead Lodge. Prior to the inspection they had undertaken one clinical supervision and two competency assessments with agency nurses. We were informed of their intention to continue to provide this on a regular basis.
- There remained a lack of day to day clinical oversight of the service. There was no clinical lead employed at Kingsmead Lodge and there was a long-term reliance on agency nurses during the day. Agency nurses worked alongside care staff and there was a lack of clarity in their responsibility and accountability for monitoring and addressing support staff's practice and competencies. This lack of clarity meant that the manager was not aware of the inconsistent practices of staff in relation to a person's PEG care when providing personal care or that this had placed the person at serious risk of harm.
- There was a lack of cohesive working between Kingsmead Lodge and other services operated by Sussex Health Care. For example, for one person their physiotherapy records showed they had been refusing their weekly physiotherapy session since 20 March 2020. The manager had failed to explore the reasons for this sudden refusal with the person or their physiotherapist. Considerations as to the physical impact of not having physiotherapy on the person had not been considered or discussed. Strategies to find alternative ways of supporting the person had not been explored. Where people had been receiving regular physiotherapy in line with their assessed needs, contingency plans had not been made for the forthcoming three-week absence of the physiotherapist or how the impact on people could be mitigated. This



demonstrated a lack of joined up working between the service and supporting Sussex Health Care professionals.

There was a continued failure to ensure adequate systems to assess, monitor and improve the quality and safety of services provided. Accurate and contemporaneous records were not always maintained regarding people's care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some actions had been taken since the last inspection to drive improvement. This included training for staff on how to use an oral suction machine. Oral suctioning is a procedure to clear secretions from a person's mouth. It is performed when a person is unable to clear secretions on their own through coughing or swallowing. Staff were knowledgeable about the requirements of the person who required oral suctioning for excessive secretions in their mouth. Nurses followed processes to analyse secretions to look for signs of infection. This had recently prompted a medical consultation and the person was prescribed anti biotics for chest infection. Staff said the training they had received was good and provided them with the knowledge and confidence to undertake this procedure.
- Staff spoke highly of the manager and were complementary about the changes they had implemented over the last few months. Staff felt the manager had been supportive through the difficult situation arising from COVID-19 and had acted swiftly to keep people and staff safe. One staff said, "She had kept everybody well informed and I am very clear about the measure needed to keep everyone safe".
- The service had been without a registered manager since February 2018. This meant that the provider had failed to comply with a condition of their registration which requires a manager to be registered with CQC to manage the regulated activities provided at the service. At this inspection the manager had applied to CQC to be the registered manager for the service and their application was being processed.

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

- Visitors to the service told us they experienced open and honest communication with the service. One visitor said, "Over the years it's had its ups and downs, but over the last two years it has really improved.". Another said, "It's Probably the best it's been since [managers name] has been there. Definitely seen an improvement." Relatives told us they were invited to relatives' meetings and although these had not happened during the pandemic communication was regular and very good.
- Relatives felt involved in decisions made about their loved ones care. They spoke of the impact of not being able to visit the service during lockdown and reflected on the emotional impact of this. One relative said of their loved one " It's been absolutely dreadful for me not to see her for 13 weeks, but I was allayed by them sending pictures of her and talking to her." Another relative said "To be separated from her has been very painful but it had to be for everybody's sake. I'm so grateful they looked after her."
- Relatives told us they felt supported by good communication from the manager and staff ensured they were kept up to date and involved in their loved ones care and well-being through other means. This included receiving cards, video calls and extra telephone calls. Feedback from visitors included "They have coped with a diabolical situation, "and, "[managers name] has held them all together."
- People were involved in day to day life within the service. This included tasks associated with promoting independence such as making snacks and drinks, choosing activities and personalising the environment. We observed a person's artwork being displayed in a communal area. They showed us their favourite painting and we heard how they had used technology during lockdown to show the display of artwork to their family. On the day of inspection three people had chosen to go to the seaside for the day and on their return, we were told by one a person how much they had enjoyed a ride on the observation wheel.

### Working in partnership with others

- The service worked in partnership with external partners to ensure people's needs were met. This included primary care, advocacy and health and social care services. Feedback provided to us evidenced collaborative working with healthcare professionals. A health care professional told us they were involved in reviewing the nursing aspect of people's care. Records showed that a range of medical service's had been contacted when people had been unwell or required additional support. This enabled people to receive the appropriate support to meet their continued and changing needs.
- Feedback received from a primary care service reflected good communication from the service adding that the staff team provided them with appropriate information about people's needs and concerns. This clear and detailed information enabled prompt referrals to be made for interventions such as with people's dietary needs. For example, during the inspection we observed a person being supported with a new dietary regime. This had recently been advised a dietician. Processes were in place to monitor and report changes in people's health and this had resulted in the person receiving appropriate support with their nutritional intake in a timely way.
- The service worked with the local service to provide palliative and end of life care to people. There was a holistic approach to people's end of life care needs and planning. One persons' support plan had recently been updated to show an improvement in their health. This had a positive impact for the person as their support had recently been changed from being nursed for end of life care to receiving palliative care support.



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 12 HSCA RA Regulations 2014 Safe care and treatment  There was a continued failure to assess and manage risks relating to people's health and welfare.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a continued failure to ensure adequate systems to assess, monitor and improve the quality and safety of services provided. Accurate and contemporaneous records were not always maintained regarding people's care.