

Innowood Limited

Kingswood House Nursing Home

Inspection report

21-23 Chapel Park Road
St Leonards On Sea
East Sussex
TN37 6HR

Tel: 01424716303






Date of inspection visit:
21 April 2016
26 April 2016

Date of publication:
14 July 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 21 and 26 April 2016. The service provides personal, nursing care and accommodation for a maximum of 22 people.

The staff provided nursing and personal care for people with enduring mental health conditions, some of whom had a history of substance or alcohol misuse and a previous criminal background. Some people also had complex physical health conditions and behaviours which may challenge.

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

At our last inspection on 24 and 25 August 2015 the service was placed in special measures. The purpose of special measures is to ensure that providers found to be providing inadequate care significantly improve. This also provides a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

At this inspection we found the registered manager, management and nursing team had made improvements to the service. We have judged the service is no longer in special measures. Whilst improvements have been made, there are some areas identified for improvement.

Fire safety measures in place were not sufficiently robust to ensure people would be safely evacuated in the event of a fire.

The quality assurance system in place effectively identified all service shortfalls. However fire safety shortfalls had not been addressed to reduce potential risks to people in the event of a fire.

Staff received regular supervision to discuss their needs. However, supervision records did not consistently and clearly show what action had been taken to address staff development needs to ensure people received effective care. We have made a recommendation about supervision records.

There was an effective maintenance system in place and the provider had made a number of improvements to the building since the last inspection.

Staff had attended training in how to protect people from abuse and harm. Staff were confident in describing how they would recognise potential signs of abuse and what processes they needed to follow to keep people safe. There were safe recruitment procedures in place which included the checking of references.

There was sufficient staff to meet people's needs. There was a robust management and nursing team in place to support the effective operational and clinical management of the service.

Accidents and incidents were recorded, monitored and analysed to identify how the risks of re-occurrence could be reduced to keep people safe.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

The provider had a system for monitoring the cleanliness and maintaining effective infection control standards at the home. We found the home was clean.

Staff had attended training required for their role. Annual appraisals had taken place, to assess and support people's training and development needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where people required a DoLS the registered manager and senior staff team had completed DoLS applications appropriately. They understood when an application should be made and how to submit one.

Staff were able to describe the basic principles of the Mental Capacity Act (2005) (MCA) to ensure they supported people legally in line with their consent. Staff had completed training to understand the requirements of this legislation.

The service provided meals that were in sufficient quantity, well balanced and met people's needs and choices.

Peoples care plans were consistently and regularly reviewed to reflect any changes in their care and treatment needs. Where the responsibility for people's care and treatment was shared with health care professionals, reviews of care had taken place with their involvement, to ensure the health, safety and welfare of people.

Staff treated people with kindness and respect. People were satisfied about how their care and treatment was provided.

The provider supported people to meet their diverse care, cultural and spiritual needs. Staff supported people to attend religious services to meet their spiritual needs.

The registered manager sought people's feedback, comments and suggestions. The provider had analysed the results of any feedback given by people and acted upon this to improve the service.

The registered manager involved people in the planning of activities. There was an activities schedule in place and information on activities available to people.

The provider had explored different ways of giving people information about services available to them in accessible formats and supported people to access these services.

The provider had notified the Care Quality Commission of all significant events that affected people or the service.

Staff were clear on their roles and responsibilities. Staff had a clear understanding of the provider's philosophy of care to provide people with person-centred, consistent care and ensure people had choice and control over their care and treatment needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Fire safety measures in place were not sufficiently robust to ensure people would be safely evacuated in the event of a fire.

Staff were trained to protect people from abuse and harm as they recognised potential types or signs of abuse and what processes they needed to follow to keep people safe.

There were sufficient staff to meet people's needs.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

The environment was clean. Control measures were in place to reduce the risk of infection and to ensure the environment was safe.

Is the service effective?

Good 

The service was effective.

Staff supervision records did not clearly show what action had been taken to address staff development needs to ensure people received effective care. We have made a recommendation about supervision records.

Staff received training to meet people's individual care and treatment needs.

Staff were trained in the principles of the MCA (2005) and understood how to implement the principles in practice to ensure people received care in the least restrictive way.

The service provided meals that were in sufficient quantity, well balanced and met people's needs and choices.

Is the service caring?

Good 

The service was caring.

People's cultural and spiritual needs were met.

Staff treated people with kindness, compassion and respect.
People's privacy and dignity was respected by staff.

The provider had considered accessible ways to inform people about services available to them, to include advocacy.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good ●

The service was responsive.

Care plans and risk assessments were reviewed regularly and updated when people's needs changed. Staff provided people with care that reflected their current needs and preferences.

The provider consulted people to obtain their feedback about the service. People's feedback was used to influence how the service was developed.

People's care and treatment was provided with the involvement of relevant health care professionals to ensure their health, safety and welfare.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The quality assurance system in place identified service shortfalls. However, the provider had not addressed fire safety shortfalls to reduce potential risks to people in the event of a fire.

The provider had notified us of significant events at the service. The provider demonstrated they understood their regulatory obligations to share important information with us to keep people safe.

Staff had a clear understanding of the provider's philosophy of care. This supported staff to provide care in a person-centred, consistent way and gave people choice and control over their care and treatment needs.

Kingswood House Nursing Home

Detailed findings

Background to this inspection

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

This inspection was carried out on 21 and 26 April 2016 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. The specialist advisor had professional experience of mental health and substance misuse services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The registered manager had completed a Provider Information Return (PIR) request at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during the inspection. Before our inspection we looked at statutory notifications and records that were sent to us by the provider or the local authority to inform us of significant changes and event.

We looked at records which included those related to people's care, staff management, staff recruitment and quality of the service. We looked at eight people's assessments of needs and care plans. We made observations to check that their care and treatment was delivered consistently with these records. We looked at the activities programme and the satisfaction surveys that had been carried out.

We spoke with nine people to gather feedback about their experience of the service. We spoke with the registered manager, the operations manager, two nurses and five members of care staff. After the inspection we received written feedback from three professionals with direct knowledge of this service.

Is the service safe?

Our findings

People said in response to whether they felt safe at the home, "I feel safe and comfortable" and "I don't need to worry about things." Another person told us, "I feel that we get the best service. I feel safe" and "I feel secure in my own home." However one person told us they did not feel safe because "There is banging all night long, with people opening and slamming doors" and a second person said, "I don't sleep too well; it's too noisy."

The provider's fire emergency action plan stated that the evacuation of premises took place in line with people's Personal Emergency Evacuation Plans (PEEPs). PEEPs identify people's individual independence levels and provide staff with guidance about how to support people to safely evacuate the premises. Although PEEPs were in place, they did not contain sufficient information to ensure people were safely evacuated in the event of a fire. For example, one person's PEEP stated that 'X needed assistance and is on the ground floor.' However, under the 'method of assistance' section it stated, 'X is fully mobile and uses a walking stick.' There was no guidance as to how and where staff should safely move people to. There was no guidance on moving people safely from the site of a fire using a method known as 'progressive horizontal evacuation'. This method is used to isolate the fire to a specific area, ensuring all doors are closed as people move away from the fire.

A robust fire procedure was not in place at the time of our inspection. The last recorded fire drill took place on 16 June 2015. The action from this drill was that the fire co-ordinator should draw up a protocol of what staff needed to do, in the event of a fire. This action had not been addressed. The fire co-ordinator acknowledged that more work was required to meet the required fire safety standards. On the second day of our inspection and in response to our concerns, the fire co-ordinator had contacted East Sussex Fire and Rescue Service to request a visit and had completed a fire drill. They told us some people did not respond to fire drills and did not understand the importance of this process. People and staff needed more guidance to ensure they would be safely evacuated in the event of a fire.

The fire co-ordinator met with East Sussex Fire and Rescue Service to discuss safe evacuation processes on 26 November 2015. However the emergency evacuation plan had not been completed. There was a fire risk assessment in place dated 16 May 2015. Some actions from this risk assessment had not been completed. For example, a record stated, 'Urgent action required for replacement closers sent to directors on 13 May 2015.' Doors numbered 8, 12 and doors to the dining room and front lounge had all been consistently highlighted as defective for over a year. There was a recorded entry on a fire safety action plan dated 29 May 2015 that an email had been sent to the provider to request action be taken. This shortfall had not been addressed. Shortfalls identified as part of the provider's fire safety audit had not been addressed to ensure people's safety in the event of a fire.

This lack of robust fire safety protocols is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a system in place for identifying any maintenance and repairs which needed to be carried

out. Several leaks had been identified which the provider had notified us about. The flooring was drying out in the communal bathroom on the first floor and one section of the landing area before repair work took place. One toilet had cracked tiles and a leak around the toilet flooring. One bedroom door needed to be repaired and a radiator was coming off the wall. This could pose a safety or infection control risk to people. This outstanding maintenance work was in the process of being carried out. Maintenance and repair work was prioritised, scheduled and shared with the maintenance person. This was recorded and the registered manager monitored this to ensure all maintenance work was carried out.

There was a refurbishment plan in place at the service which was on-going. Refurbishment work had been taking place for the past six months. For example, the provider had installed a new wet room which was wheelchair accessible, contained a shower seat, a pedestal call alarm and a standard hoist to promote people's independence and safety. New sensor lighting had been introduced to support people to safely walk around the premises. The provider had completed a risk assessment for building work needed at the premises on 30 November 2015. This was put in place to manage any risks to the safety of people and staff at the service. Although significant refurbishment work had taken place to improve the premises some parts of the building required redecoration to include the dining area, hallways, doors and skirting boards.

At the last inspection in August 2015, the provider did not have a system in place for monitoring the cleanliness or maintaining effective infection control standards at the home. Where people had blood borne viruses or infectious diseases, there was no protocol in place to reduce the risk of infection to them and others. The provider had not adequately assessed infection control risks including those that are health care associated.

At this inspection, improvements had been made to infection control standards at the home. Identified infection control leads monitored cleaning routines to ensure that the risk of infection and cross contamination was reduced. There was a daily deep clean schedule and regular cleaning schedule in place which detailed all areas of the home which required cleaning. We found the premises were clean.

Where people had blood borne viruses or infectious diseases, there was a protocol in place to reduce the risk of infection to them and others. The nurse team had fully assessed and documented people's needs and history. Assessments were in place to manage health care associated infection control risks. Staff had access to personal protective equipment (PPE) to include gloves which they used when providing people's care and treatment.

At the last inspection in August 2015, staff had attended training in how to protect people from abuse and harm. However staff were not confident in describing how they would recognise potential signs of abuse and what processes they needed to follow to keep people safe. They said they would benefit from additional training in this area.

At this inspection, staff had completed training in safeguarding to increase their confidence in dealing with incidents of potential abuse. Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were confident in describing how they would recognise potential signs of abuse and what processes they should follow to keep people safe. Staff described their duty to report concerns to the registered manager and the local authority safeguarding team. One member of staff told us, "If I had a concern with a person here, like neglect, abuse or being discriminated against then I would speak to the manager and if they weren't available I would telephone the local safeguarding team. I would look for signs such as being withdrawn from others. There would be different signs of abuse depending on the individuals." Contact details for the local authority safeguarding team were available to staff if they needed to report a concern. There was a whistleblowing policy in place. Staff were aware of this policy and knew

how to report any concerns they had about potentially poor staff care practices.

At the last inspection in August 2015, there was insufficient nursing and management staff to ensure robust clinical oversight and the robust operational running of the service. Whilst the provider had measures in place to recruit a new manager, deputy manager and additional nursing staff, this staffing arrangement was not in place at the time of our inspection.

Since the last inspection a new manager had been registered at the service. This contributed to the robust operational running of the service. Clinical staff had been increased to include an additional Registered Mental Nurse (RMN) and a Registered General Nurse (RGN) on each shift. This ensured the appropriate nurse skill mix to reflect both the general health and mental health needs of people. One nurse told us, "There is a more robust management team in place and there is a good balance of general and mental health nursing staff in the team." Another nurse said, "It works well having mental health and general nurses. We can bounce ideas off each other. The general nurse can give clinical advice to people who do not wish to see their G.P."

A shift planner was in place which identified each staff member's responsibilities for each shift. Each person had a care needs assessment in place to determine each person's levels of dependency in key support areas. The registered manager completed staff rotas to ensure that staff were available for each shift. There was an on-call rota so that staff could call a duty manager out of hours to discuss any issues arising. Staff told us that there were sufficient numbers of staff to meet people's needs. Staff said, "The staffing levels have gone up which lightens the load, increases staff morale and helps people, as we are in a better mood. Staffing levels are sufficient and we can spend time with the people and chat and make them feel more comfortable." We observed the staff were not rushed, carried out their tasks in a calm manner and were able to spend time talking with people. Agency or bank staff were used to cover staff sickness or other absences. When people's needs changed staffing levels were adjusted to ensure people's needs were met. For example one person's health needs deteriorated. They were provided with one to one support, an additional staff member was allocated to the night shift and the person was referred to their funding authority for a review of their care needs.

Safe recruitment procedures were in place. This ensured that people were supported by staff with the appropriate experience and character. Suitable checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the home until it had been established that they were suitable to work with people. Staff members had provided proof of identity, residence and of the right to work in the UK prior to starting work at the service. References had been taken up before staff were appointed. Staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct.

Risk assessments were in place which identified people's individual needs. For example, staff had recorded for person X that they were independent in all domains, although they had a history of falls. In this area they had been assessed as having a risk rating of 'medium' due to a previous fall and an unsteady gait. Staff had completed a moving and handling risk assessment with the person. The person's falls risk assessment recorded eight actions to keep X safe, such as, keeping the environment clear of clutter and reviewing lighting to ensure it was appropriate for the person. Guidance and daily instructions were clearly recorded for staff to follow. People's care plans and risks assessment were regularly reviewed with their involvement. People could be assured that any risks would be managed appropriately.

Records of accidents and incidents were kept at the service. When incidents occurred staff completed incident reports and informed the registered manager and other relevant persons. Staff discussed accidents

and incidents in daily handover meetings. One incident recorded where someone had experienced two falls. Staff referred the person to a physiotherapist and their G.P. for a review of their needs. Staff supported the person to purchase appropriate mobility aids and staff reviewed the environment for potential hazards. Risk management measures were taken to reduce the risk of incidents occurring and people's care plans were updated with any changes made.

Peoples' medicines were managed and administered safely. People were supported to take their medicines by staff trained in medicine administration. Staff had their competency assessed before supporting people with their medicines. Records showed that staff had completed medicines management training. The provider had recently introduced a new electronic medicines monitoring system to support the increased effectiveness of medicines management. We observed staff completing a medicines round appropriately. This included checking for correct dosages, recording and signing electronically when they gave people their medicines and locking the medicines away securely afterwards. All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. The MAR included people's photograph for identification. Individual methods to administer medicines to people were clearly indicated. Where people were independent with their medicines, this was written in their care plan. The provider carried out audits to ensure people were provided with the correct medicines at all times.

Is the service effective?

Our findings

People talked with us about the support they received from staff to meet their needs. One person said, "I've not had any issues and there are different staff that specialise in different areas." We asked people whether they thought staff were knowledgeable and knew their job. One person said, "Yes they're good." Staff gave people supportive prompts and gentle reminders where they appeared confused to give them guidance and direction. One professional wrote, 'I was present when the two managers held an assessment meeting with X. I was impressed with their attitude towards the person and their prompt understanding of X's needs.' Staff members accompanied me throughout my assessment and actively and capably assisted me when required. The staff members that I met were both courteous and helpful during my visits.'

The registered manager carried out spot checks to observe staff care practice. This supported staff to increase their performance and competence. Staff's performance and training needs were discussed at supervision and annual appraisals. The registered manager had a plan to ensure staff received regular supervision and this was taking place. Supervision records contained information about staff training, performance and development needs. Although supervision records were in place, they did not consistently provide information about actions taken to address staff concerns. One staff member found someone's behaviour difficult to manage. The outcome of this had not been clearly recorded. For example, one record stated 'X is causing concern due to their poor attitude towards staff.' There was no information recorded about how to support the staff member to manage this issue.

We recommend the registered manager reviews the supervision process to ensure all actions are recorded in response to staff needs.

Staff told us that supervisions were carried out regularly and they felt supported by the registered manager. One staff member said, "I can always go and talk to the managers. I have supervision sessions every couple of months and discuss how I'm getting on. I discuss whether I need more training and the manager gives me feedback on how I'm doing" and, "I'm supported with regular supervisions. We now have a monthly debriefing in addition to regular staff meetings. The debriefing is new and we can discuss any concerns to do with the home."

At the last inspection in August 2015, staff told us they could benefit from training in mental health and supporting people with challenging behaviour. Staff said they would benefit from having more practical training rather than reading training materials. Staff competence and confidence levels had not been adequately assessed to ensure staff were competent to meet the needs of people they supported.

At this inspection, staff had completed specialist training to support people with their individual needs around mental health and behaviours which may challenge. Staff were satisfied with the training options available to them. The registered manager had a training plan to include training in the specialist subjects required. Staff were supported to achieve further qualifications in social care. The registered manager had put in place a training plan to ensure staff training remained up-to-date. This system identified when staff were due for refresher courses. The registered manager was developing a future training programme for

clinical practice and other subjects such as end of life care and person-centred care planning.

Staff told us about training they had attended in managing behaviours that challenge. Staff were consulted about which training methods were appropriate for their needs. In response to this the management team developed a knowledge pack and face to face internal training tailored to the individual needs of people at the home. Staff gave positive feedback in the evaluation form for this training. Comments recorded were, 'relevant content' and 'objectives met.' One professional wrote, 'There is a good understanding of how the behaviour of one resident can have possible adverse effects on others and steps are taken to mitigate this.'

Staff used training to effectively support people to manage behaviours which were challenging. One staff member told us, "I manage challenging behaviour by watching people and intervening before the point that they get very angry. I would take the person to one side and 'talk them down' and intervene to stop the problem from escalating. Trigger signs [for each person] can vary from people being quieter and moving away from their day to day routine, or becoming argumentative. Most people here have set routines so if I notice any difference I can see that something is bothering them and help before it gets out of hand." Staff told us they used supervision to talk about ways of supporting people effectively.

Staff had an induction when they began working at the home and had demonstrated their competence before they had been allowed to work on their own. The registered manager had implemented the new 'Care Certificate' training to be used with all new staff. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for Care. Staff competence in meeting the requirements of the Care Certificate was assessed by the registered manager. Staff recorded information on all aspects of their care practice to enable them and other staff to discuss good practice and any areas for improvement.

People told us that staff obtained their consent before providing them with care. There were consent forms signed by people for sharing information, consent to care and treatment and consent to use photos. Staff obtained people's consent to their care and treatment. For example, staff had recorded in one person care records that 'X has requested not to be seen at night by staff and checked on.' Staff had assessed the person as having the capacity to decide this and it was agreed and signed by the person and staff. The person told us that staff acted in accordance with their wishes, "Staff used to knock at my door [to check on me], when I first got here, and I had to ask them to stop." Other records for consent were noted to include, 'X declined a deep clean of their room' and 'X is in a single room and stated they preferred it this way. X is happy with the room.'

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the management team. They had appropriately completed documentation when people's mental capacity had been assessed to determine whether they were able to make certain decisions. Such decisions included consenting to their care and treatment. When people did not have the relevant mental capacity, meetings had been held with people's legal representatives to make decisions on their behalf in their best interest. The registered manager had submitted appropriate applications to the DoLS office to seek their authorisation when people were restricted of their liberty in their best interest. Attention was paid to ensure the least restrictive options were considered, in line with the principles of the MCA (2005) and DoLS.

At the last inspection in August 2015 staff were not able to describe the basic principles of the Mental Capacity Act (2005) (MCA) to ensure they supported people legally in line with their consent. Staff said they

needed training to better understand the requirements of this legislation. The provider had scheduled staff training in MCA and DoLS on the 15 September 2015.

At this inspection, staff demonstrated a good knowledge of the principles of the MCA and how to apply them in practice. Staff explained how they supported people who lacked capacity to make decisions. Staff could describe the basic principles of the MCA (2005). One staff member said, "Mental capacity is around decisions people make. People have a plan in place to see if they are capable of making the decision. If they have capacity a bad decision is still theirs to make and we have to respect it." Staff understood how to implement the MCA principles in practice to ensure people received care in the least restrictive way.

People liked the food and people were able to make choices about what they wanted to eat. People said, "I choose from a daily menu on the board" and "If I need something mincing up or occasional changes that's ok too" and "They ask me what I like and they give it to me."

We observed people at lunchtime and found they had a positive dining experience. There was a menu displayed in the dining room of the main dishes that were on offer. People made decisions about the meal options that they wanted. If there was nothing on the menu the person liked, the cook would change things to suit people's needs. There was a choice of two main meals and an alternative meal was prepared when people preferred. People were able to have second helpings and various drinks as they wished. People were provided with drinks and snacks throughout the day. People acknowledged when asked by staff that they had enjoyed the meal.

People's allergies, dietary restrictions and preferences were displayed in the kitchen. Staff supported people with eating and drinking when they needed encouragement. Staff monitored and recorded people's intake of food and fluids when their appetite declined. People's weight was monitored monthly and people were referred to health professionals if necessary, such as when substantial changes of weight were noted. Where one person had recently lost weight, the staff had reviewed the person's health care needs with the person's G.P. and provided the person with supplementary foods to back up their normal diet.

Some people needed support with eating as they had been diagnosed with dysphagia, which meant they had swallowing difficulties. Where needed, people had been referred to a Speech and Language Therapist (SALT) to assess their needs. Staff followed SALT guidelines which were available in people's care plans to ensure their specific dietary needs were met. For one person, guidelines included, 'X to have syrup thick drinks, remind X to take single sips, drink slowly and have fork mashed food.' Staff received training in how to safely meet the person's needs. Team meeting minutes recorded a discussion about someone who was eating and drinking too quickly. Staff agreed on a consistent strategy to support the person to safely eat. For example, agreeing a number of breaks with the person before drinks and using two cups to split the drink and slow the process down.

We asked people whether they engaged with external health care agencies to meet their health needs. One person told us, "I've had [lots of health needs] seen to. There's always something and they take me via taxi." Information about people's individual health, mental state, behaviour and appetite was shared by staff at each shift change. Reviews of people's health needs were discussed. One person's health needs had deteriorated. Staff supported the person with reassurance and encouragement to attend an appointment for a scan and X-ray during the same hospital visit to reduce distress to them. People had health care plans which detailed information about their general health. Records of visits to healthcare professionals such as G.P.'s, chiropodists, opticians and dentists were recorded in each person's care plan. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs.

Is the service caring?

Our findings

People told us they were happy with the care they received. People said, "Staff are listening, they are understanding and very approachable" and "Staff are pretty good. They understand people's problems. It is refreshing they go above and beyond and are fair." One person told us, "We get input into care plans". We saw that people were treated with respect and staff met their individual needs in a friendly and unhurried way. People's choices and preferences about how their care should be provided were clearly recorded in their care plans. For example, one person had written their own personal profile with a picture and a short history. Throughout the person's care plan, staff had recorded that X had decided whether to inform their next of kin of any developments and staff had respected their choices. People told us that staff respected them and promoted their dignity. One person said, "Yes definitely" when asked if they felt respected. One person had recorded in a survey that, 'Staff made the afternoon fly by with their care of us, talking to us, laughter and generally making it fun in the home.' One professional wrote, 'X appeared well kept and the team seemed to know X's likes, dislikes and motivators extremely well.'

At the last inspection, the provider had not provided people information about services available to them in accessible formats and supported people to access these services.

At this inspection there was a poster to inform people about advocacy services available in the hallway. Advocacy services help people to access information and services; be involved in decisions about their lives; explore choices and options; defend and promote their rights and responsibilities and speak out about issues that matter to them. One person had been supported to go to their solicitor and one person had been visited by an Independent Mental Capacity Advocate (IMCA) to explain the DoLS process which they had requested.

At the last inspection in August 2015, we made a recommendation that the provider supported people to meet their cultural and spiritual needs.

At this inspection, people received care and support from staff that had got to know them well. Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. Staff completed admission forms when a person moved to the service, contained information about people's religious preferences and cultural needs and we saw that this was followed up. One person was regularly escorted to church and another person was being supported to follow their religion. They were provided with books and pamphlets as well as opportunities to travel to appropriate religious services.

Peoples' care plans included their personal history and described how they wanted support and care to be provided. Each person had information about their likes and dislikes and preferences as to how they received support. The care review also recorded that the person wanted their key worker to accompany them to appointments. In response to this staff put in place an individualised 'Appointment Support Plan' which reflected the person's needs. The person also was provided with a form to fill in to say what staff input they wanted for each appointment. This care plan was in place and the person had chosen the support they

wanted from staff.

Staff understood people's individual communication skills, abilities and preferences. One staff member told us, "If a person has communication difficulties I would ask them to repeat themselves and slow down so I can get the words. If they can't speak I would get a pen and paper. One person [has difficulties with their speech] and is understood when we ask them to slow down." There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service.

People's care was not rushed enabling staff to spend quality time with them. One staff member said: "Over time you get to know people by supporting them where possible. Becoming X's key worker shows how I develop relationships. X is very quiet, but over time where I made an effort to start a conversation with X, they now speak to me and X is more comfortable with me helping them with certain aspects of their care."

Staff explained that some people had come from a background of receiving care in institutionalised settings in previous services they had lived in. They told us some people struggled to embrace independence. Staff said, "We encourage people to be independent. It's the simple things like rather than relying on staff to make tea they can go and make it themselves. We also support people with cooking." Care plans we saw encouraged people's independence. One person was practicing coping strategies regularly with staff, enabling them to become more self-reliant.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. During our inspection, someone had requested a paramedic and staff responded to their request. After seeing the paramedic, two staff members supported the person to talk about the appointment. Both staff listened attentively to the person respectfully and promoted their dignity throughout.

People's privacy and dignity was promoted by staff. All staff knocked on people's bedroom doors, announced themselves and waited before entering. People chose to have their door open or closed and their privacy was respected. People were assisted with their personal care needs when needed in a way that respected their dignity. A staff member told us, "I promote dignity by speaking to people like adults, in the way you'd want to be spoken to yourself and listening to them: showing them that you care for them and changing things if they want it." At mealtimes some people were supported to use adapted plates so they could eat independently and with dignity. We saw one person asking for their own medical details in a communal area: staff advised that other people could hear what was being said and checked if the person wanted to go somewhere private. The person did not want to so the staff checked again if the person wanted to discuss the medical details in front of others and the person was insistent. The person's choice was respected thoughtfully by staff. The staff displayed a polite and respectful attitude and the care that was provided was of a kind and sensitive nature. There was a friendly and appropriately humorous interaction between staff and people.

Some care plans contained 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR). Staff had consulted people and they had an advanced care plan in place. Advanced care planning is a process that enables individuals to make plans about their future care needs. Advanced care plans provide direction to healthcare professionals when a person is not in a position to either make and / or communicate their own healthcare choices. Advanced care plans are intended to lead to improvements in people's end of life care. For example, one person's advanced care plan recorded their religious preferences, their choice of burial and they had signed an organ donation form. Staff said, "We were talked through it with managers who gave training on end of life care; an informal in house training." Staff told us they read people's 'End of life care plan' to provide people with care which respected their choices and preferences. The registered manager

had a forward training plan including subjects such as end of life care and dignity and support.

Is the service responsive?

Our findings

We asked people how they would raise a concern or complaint about the service. People told us, "I speak my mind and I would tell a member of staff" and "I would mention it to staff" and "I would get in touch with the manager". We asked people whether they had been asked for feedback about the service they received. One person said, "We attend the residents meetings although it's poorly attended." People said staff responded to their needs. One person said, "I asked the cook [about a meal I wanted] and the meal was made for me." One person wanted a kitchenette in their bedroom. Staff supported the person to get a kettle and they were looking to purchase a fridge in response to the person's wishes.

At the last inspection in August 2015, people's care plans did not consistently take into account or monitor people's progress towards meeting their goals and objectives.

At this inspection, staff supported people to meet their goals. For example, some people's goals were to develop confidence to go out in the community. Staff encouraged them to go into the garden, to take short trips to the local shops and to attend coffee mornings at drop in services. These plans were in place to support people to develop their confidence before potentially joining workshops or social events at these services. People had agreed 'Recovery star goals' to support them with their mental health needs, set goals and targets and receive support to meet their life goals. People were supported to take part in assessments of their mental health needs to develop their knowledge and insight into their condition. They worked with staff on goals and strategies to manage their mental health needs.

At the last inspection in August 2015, people's care plans were not consistently reviewed to reflect any changes in their care and treatment needs. Where the responsibility for people's care and treatment was shared with other people to include health care professionals, reviews of care had not always taken place with their involvement, in a timely and formalised way to ensure the health, safety and welfare of people.

At this inspection improvements had been made and formal systems were in place to ensure people's health needs were regularly reviewed. Where people had mental health needs, the nurse team ensured they had regular formal health care reviews as part of the Care Programme Approach (CPA). This is a system of delivering community health services to individuals diagnosed with a mental illness. This approach requires that health and social services assess the person's needs, provide a written care plan, allocate a care co-ordinator and then regularly review the plan with key professionals. People were involved in the review process to ensure their opinions, preferences and views were communicated. People's involvement was clearly recorded in their care records. One person's care records stated, 'X is very involved with medication and reviews.' The care review information was shared with the person in line with requirements of the CPA. People's care plans were consistently reviewed to reflect any change in people's needs or monitor progress of their goals to meet their care and treatment needs.

Where people had mental health needs, staff completed a mental health assessment tool with them. Where people had behaviours which may challenge, this was recorded in their risk assessment. For one person their care plan had been evaluated six times since November 2015. This tracked how staff were supporting

the person to access help to effectively manage their mental health needs and behaviours. The person discussed things that helped them manage their mood such as talking to staff, gardening and socialising. The person was offered regular one to one sessions with staff to discuss any issues they may have. Staff supported people to take ownership of their own wellbeing by involving them in their care reviews. Staff understood how to support people when they experienced a decline in their mental health needs, known as a 'crisis'. Where required, people had a 'crisis plan' in their care file which they had signed. This provided guidance to staff on what they should do to support the person in crisis and when they may present with behaviours which may challenge.

People had a medication care plan in place which they had signed and staff reviewed this with people at least once per month. The reviews for one person recorded their changing health needs. Records showed that a Multi-Disciplinary Team (MDT) to include the person's G.P. and a specialist from the hospital had responded to the person's needs. The nurse team attended reviews and ensured medication changes were explained to the person. The care plan records stated, 'X has been advised by both the [MDT], that [their medicines] have been discontinued.' The person was informed of the potential side effects of not taking the discontinued medicines and they had been advised that staff will monitor for potential side effects and refer them to the appropriate healthcare professional if required. The person had a care plan in place to support effective monitoring of this need.

Some people had a history of drug and alcohol misuse and it was recognised that some people may be taking illicit substances. At the last inspection in August 2015, there were no records of involvement of relevant healthcare professionals to support people with those needs.

At this inspection improvements had been made. People had access to external specialist healthcare support which was available as a preventative measure or as part of on-going support for people's needs. People were provided with education around drug use in the form of staff talks and visits from a psychologist where required. People were supported to review their drug or alcohol use and see a G.P. Staff supported people to attend East Sussex Drug and Alcohol Recovery Service (STAR). This service is available to provide people with support around their drug or alcohol use. They helped people create a recovery plan to address their drug or alcohol use. Records showed people's needs had been reviewed and evaluated regularly. For one person they had experienced a health relapse. The records stated, 'Staff had supported X effectively. Staff had supported X to keep a diary, wrote things down for them, and supported X to attend STAR. [After a period of time] X was attending to their [needs] again and taking short walks.' Where the responsibility for people's care and treatment was shared with other people to include health care professionals, reviews of care had taken place with their involvement, in a timely and formalised way to ensure the health, safety and welfare of people.

Staff had provided effective support to people with clinical needs to include pressure sores. Where needed, people had been assessed using the Waterlow scale for risks of skin breakdown. The Waterlow scale gives an estimated risk for the development of a pressure sore in a patient. One person's care file contained a Waterlow assessment which was completed monthly. It was recorded that staff actions had resulted in no further issues as the person's skin had healed. One staff member told us, "To protect people from pressure sores I keep an eye on people who are sat down all day and report to the nurses if an area is red and they get a barrier cream. This goes with anything. If I support someone to take a shower and notice something I report it back to the nurses. I would also ask the person if they are in pain or if it is bothering them."

At the last inspection in August 2015, there were insufficient activities and resources available to people to enable them to have meaningful occupation.

At this inspection, improvements had been made. People said there were activities or opportunities to pursue hobbies and interests. There were various gardening projects taking place to include a vegetable patch, potting plants and painting bird boxes. Some people found gardening to be a very therapeutic and enjoyable pastime. The garden seating areas had recently been repaired and treated and the fence rebuilt. This promoted a positive garden experience for people to enjoy. The noticeboard in the hallway contained examples of people's art work. Notifications informed people of upcoming events such as a planned day trip to include, 'Brands Hatch for the American Speed fest.' Many people were interested in birds and a trip to Rye observatory and market had been arranged. People had been on previous outings to Sheffield Park and a walk around Hastings fisherman's village and museum. We saw photographs of people feeding the animals and visiting a café. There was information displayed about a 'Community Mental Health Support and Social Group' that people could attend.

An activities co-ordinator was employed at the service. They had put in place an activity timetable which included arts and crafts, games, 'play your cards right', 'movie of choice' and coffee mornings. They completed records when people engaged with activities which showed regular activities taking place at the service. They had arranged trips to the cinema, karaoke afternoons, and set up gardening groups. The activities co-ordinator had recorded feedback from people about the activities they took part in. They read, 'Loved painting that [bird box]' and 'I liked that it was fun [karaoke]' and 'I enjoyed being out [at a coffee morning]' and 'I am happy listening to all the music' and 'what a beautiful afternoon shopping and sunshine'. Some people had baked their own cupcakes, 'I really enjoyed that.' On the day of our inspection people enjoyed a karaoke session. People told us they chose various songs of their choice. Some people enjoyed sitting and listening to others singing. Staff said, "The activities are good. I took one person to Bexhill for coffee on the beach. And more day trips are planned; people enjoy the variation" and "There is a new activities worker which is better. It's very flexible and people choose their own activities." The registered manager had put in place a newsletter which reported on all the activities and events taking place. People were consulted about the activities and outings they wanted to take part in and staff respected their choices and preferences.

People's friends and families were welcome to visit at any time. One person's relative had provided written feedback, 'Thank you for everything you do for X and my family.' Some people were accompanied by staff when they requested support to go to town other people went into town independently. This helped to reduce people's social isolation.

At the last inspection in August 2015, the provider did not have a consultation process in place to obtain people's views about the service to improve service delivery.

At this inspection improvement had been made. Monthly house meetings took place where people gave feedback and gave suggestions about how the service should be developed. One person chaired the meetings and the activities co-ordinator took the minutes. This ensured that the consultation process was independent of staff where people could make their views and suggestions known. House meeting minutes recorded, 'People showed enthusiasm for the gardening project' and 'Discussion held about planned group trips and that transport and lunch would be provided' and 'Tea trolley to be maintained as this is everyone's preference.' Where requests were made, this information was recorded, fed back to management and actioned. For example, people made a request for anti-slip measures to be taken with steps outside the front door. The provider actioned this by ensuring the steps were pressure-washed and they ordered new coloured step edges. Staff said, "People have a stake in service development. This is having a big impact."

People had regular key worker meetings to discuss their care and support need and any issues of importance to them. The dining room at the service was not big enough for people to eat comfortably at the

same time. People were consulted about this and different options were suggested. Staff gave people a 'proposed dining room improvement sheet.' People signed their name to decide which dining room options they preferred. The majority of people chose to stagger mealtimes and this was implemented. The provider had plans to build a conservatory off the dining room to provide more room and promote an enhanced dining experience for people. People's bedrooms were personalised and decorated to their taste.

The provider sent people, relatives and visiting professional's surveys every six months. People were specifically asked whether they had suggestions, ideas or special requests to develop the service. A survey had recently been sent to all people at the service. The registered manager reviewed what service improvements could be made in response to people's feedback and actions had been followed up. One finding from the survey was that people wanted to feel more included in their care plans. As a result staff had begun using a 'resident of the day' initiative to ensure people's views in all areas of life were at the forefront of all care plans. In addition, a forum meeting and quarterly newsletter had been implemented based on suggestions people had made to improve service quality and communications. One healthcare professional had recorded, 'I have been able to see things have improved. It is nice to see.'

Information leaflets were available to inform people about the complaints procedure. People were aware of how to make a complaint. An action from the survey completed in March 2016 led to the complaints procedure, complaints form and compliments form being sent out to all families as a result of their input. Complaints and advocacy service information was discussed in house meetings and as part of the 'resident of the day' scheme. The provider had explored different ways of giving people information about how to make a complaint in accessible formats and supported people to make a complaint when required. The registered manager showed us the complaints procedure. We saw that complaints had been received and that they had responded appropriately.

Is the service well-led?

Our findings

We observed people and staff had positive communications with each other. People regularly approached management and staff to seek advice and have general conversations. We observed a culture of openness at the service. The registered manager was clear about the need for person centred practice to meet people's individual needs. People and staff were welcome to come into the office to speak with them at any time. Staff were positive about the support they received and were positive about how management communicated with them. One staff member said, "There have been positive gradual changes. Our documentation is better than before. Communication between staff is a lot better." One staff member said, "I love it here. I feel well supported. We speak freely about any issues and discuss how to manage them." One staff member said, "The service is well managed. I can speak with the management team." We observed morale was positive amongst the staff team, which created a positive atmosphere at the service.

At the last inspection in August 2015, an audit system was in place to monitor service quality and identify how the service could improve. However these audits were not always effective in identifying shortfalls and monitoring actions to address shortfalls.

At this inspection the provider had made improvements to the audit system. However a shortfall identified in the fire safety audit in August 2015 had not been fully addressed. The provider's internal audit had identified the need for improvements in fire safety measures. However action had not been taken in a timely way to address the shortfall.

At our last inspection in August 2015, we found the system to monitor maintenance and repair work was not fully effective.

At this inspection, a maintenance audit was completed every month. Records showed that actions had been addressed that had been identified as part of this audit. For example the door was replaced to the lift by the near lounge. A maintenance audit was in place to demonstrate which maintenance issues had been addressed and whether any maintenance issues were outstanding. We found some maintenance work had not been fully completed. Some work was required to address damage caused by several leaks. A radiator needed fixing to the wall. This repair work was in the process of being actioned.

There was a refurbishment plan in place. Many improvements had been made to include the installation of a new wet room which was wheelchair accessible, the redecoration of people's rooms and replacement flooring in some communal areas. Some refurbishment work was still in progress and new furniture had been ordered. Although significant refurbishment work had taken place to improve the premises, some parts of the building to include the dining area and some communal areas required repainting.

At our last inspection in August 2015, we found the systems to monitor infection control were not fully effective.

At this inspection, we checked that cleaning schedules were appropriately documented and monitored.

Improvements had been carried out and daily cleaning records were kept for each room in the house. These records were up to date and were checked by the registered manager weekly. We inspected the premises and they were clean and well maintained. The registered manager carried out regular audits to effectively monitor infection control in the home.

Since the last inspection in August 2015, the registered manager and nurse team had made improvements to the quality assurance and clinical governance systems to drive continuous service improvements. One nurse told us about a new care planning system they had introduced. This was called the 'Resident of the day' scheme. Each person was allocated a day each month for a full and holistic review of all their health, care and support needs. This also formed part of a care plan audit to ensure each person's care records were kept fully up-to-date and reflected people's most current needs and wishes. People fully participated in their individual care review to ensure their views were obtained.

The registered manager completed a medicines audit every month. The provider had put in place a new electronic medicines administration system that was implemented on 18 April 2016. People had been given all their medicines safely and as prescribed. To support effective medicines management the nurse team had increased and formalised the process of health care reviews for people since the last inspection. Each person had been supported to have a full medicines review to ensure medicines effectively met their needs.

Measures had been taken to improve the culture since the last inspection in August 2015. The registered manager promoted people's right to choice and control over how they received their care and support. Consultation processes were in place to enable people to have a say about how the service was run. People attended forums and house meetings to give feedback and suggestions for the improvement of the service. The registered manager listened and followed up on their feedback. People had regular reviews of their care and support needs. They took part in regular key worker sessions to ensure their views and needs were met. The nurse and management team talked to us about working to change people's mind set and develop a positive culture where people's choices were respected. A nurse said, "We have made tremendous in roads. I cannot believe the transformation." One nurse told us they felt strongly that the changes at the service had, "Benefited all the people at the service and the staff."

The registered manager described their role and their vision for the home. They showed they were passionate about providing care to people in a person-centred, inclusive way upholding people rights. They had communicated this vision to the staff because staff made comments including, "I want to help people, to support people to take ownership of their lives, to be skilled, move on, have choice and autonomy." One staff member said, "I want to make people happier, give people guidance and support people to develop their skills." Staff took action to make sure the philosophy of care was promoted in practice. People received consistent approaches to their care and support as staff understood what they were trying to achieve with people they supported.

At the last inspection in August 2015, there was a lack of management stability and insufficient provider oversight into the operational running of the service.

At this inspection, the provider had recruited a new registered manager to develop the management and governance of the service. There was a robust management team in place. The registered manager told us, "This is a challenging service and I enjoy the challenge." They told us they felt supported by the operations manager and the provider who was responsive to investments needed in the home. Monthly managers meetings were held with all management staff and the provider to discuss the needs of the service. Weekly management and nursing reports were completed and discussed at this meeting to ensure the current needs of the service were addressed. Communication between the management team and provider was

effective. They collectively discussed and dealt with the operational and strategic requirements of the service.

Management and staff were clear on their roles and responsibilities. They had been allocated certain responsibilities to lead on. For example the registered manager and one other staff member took the lead on infection control. One nurse took the lead on implementing and managing the 'resident of the day' scheme.' Staff were clear on their delegated responsibilities and the accountabilities they held in these roles. Communications were consistently maintained between management and staff. There was a clear protocol in place for staff to carry out operational requirements when the registered manager was not available.

Staff team meetings were held regularly to discuss the running of the service. Records of these meetings showed that staff were reminded of particular tasks and of the standards of practice they were expected to uphold. At one meeting staff reported the need for clarity around their roles. In response to this the registered manager developed a staff plan which clearly outlined staff roles and responsibilities and staff tasks were discussed as part of daily handover discussions.

The service worked in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups, to support care provision, service development and joined-up care. A nurse told us about how they had researched and put in place health assessment tools that were consistent with tools used by other local health care services. This promoted continuity of care approach and an appropriate care review process. This ensured they were using the same language when assessing and reviewing people's needs and ensured a consistent approach to care people received.

All the policies that we saw were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff. Every month six policies were discussed with staff in team meetings and placed in the office for staff to refresh their knowledge, read and sign.

At the last inspection in August 2015, the provider had not consistently notified the Care Quality Commission (CQC) of significant events that affected people or the service.

At this inspection, the provider had reviewed their regulatory duties and responsibilities. The provider had consistently notified CQC of significant events that affected people or the service. The provider understood the need to notify us in line with their regulatory and legal obligations. Records indicated the registered manager took part in safeguarding meetings with the local authority when appropriate to discuss how to keep people safe.

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 did not take formal enforcement action at this stage. 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
Treatment of disease, disorder or injury	<p>1. <input type="checkbox"/> Care and treatment must be provided in a safe way for service users.</p> <p>2. <input type="checkbox"/> The registered person had not complied with:</p> <p>a. <input type="checkbox"/> assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <p>b. <input type="checkbox"/> doing all that is reasonably practicable to mitigate any such risks, to include fire safety risks.</p>