

SHC Rapkyns Group Limited

The Granary

Inspection report

Guildford Road
Broadbridge Heath
Horsham
West Sussex
RH12 3PQ

Tel: 01403219829
Website: www.sussexhealthcare.co.uk

Date of inspection visit:
30 September 2019
01 October 2019

Date of publication:
19 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

The Granary provides nursing and personal care for up to 41 people living with physical disabilities, learning disability and a range of neurological conditions and/or acquired brain injury. At the time of our inspection, four people were living at the service. The service is located in a rural setting and is purpose built to accommodate the needs of people with complex disabilities and neurological conditions. Accommodation is provided on one level and split into four separate homes. Each home had communal areas include a lounge and dining room, with access to gardens and grounds. On the day of the inspection, only one home was in use.

The Granary 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.

The Granary had been built and registered before the 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 Granary requires further development to be able to deliver support for people that is consistent with the values that underpin RRS. For example, the care planning process did not always consider people's goals or aspirations.

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

The provision of activities required further work. Activities were not consistently evaluated and assessed to consider if they were meeting people's needs. People were not supported to regain life skills or set goals and aspirations. The care planning process required further work to ensure people's emotional, sexuality and spirituality care needs were being met.

Links and engagement with the local community required strengthening and further work was required to ensure people were involved in the shaping and running of the service. We have made a recommendation for improvement.

Quality assurance frameworks were in place and staff spoke highly of the registered manager. Further work was required to ensure accurate documentation was maintained. Staff commented that they felt valued and respected. Staff spoke highly of communication within the service and feedback from healthcare professionals demonstrated that the registered manager was proactive and keen to improve service delivery.

Relatives told us that their loved ones were safe at the Granary. Staff had received training on safeguarding adults and understood their roles and responsibilities to safeguard people from harm or abuse. The registered manager worked in partnership with healthcare professionals and learning was derived from incident, accidents and safeguarding concerns.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service supported this practice. People were supported to access the local community and staff demonstrated warmth and kindness to the people they supported. Laughter was heard throughout the inspection and people responded to staff with smiles. Staff had built positive rapport with people and their relatives. One relative commented that staff always made them a cup of tea and provided a hug when needed.

Staff felt supported and had access to a range of training. People's nutritional needs were met, and people spoke highly of the food provided. Risks associated with epilepsy, catheter care, constipation and dehydration were managed well. People had ongoing access to healthcare professionals and staff recognised and responded well to signs that a person's health might be deteriorating.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was Inadequate (report published 1 August 2019). The provider was found to be in breach of Regulation 11 – Need for Consent, Regulation 12 – Safe Care and Treatment, Regulation 18 – Staffing and Regulation 17 – Good Governance. Conditions were imposed on the provider's registration which required them to submit monthly reports to CQC regarding the quality of care provided at the Granary.

This service has been in Special Measures since February 2019. 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 identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement:

We imposed conditions on the provider's registration in December 2018. The conditions are therefore imposed at each service operated by the provider, including The Granary. 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.

Please see other 'actions we have told the provider to take' section towards the end of the report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority and care commissioners 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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always Responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

The Granary

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors and one nurse with a specialism in learning disabilities.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with one person living at the service. Not everyone was able to communicate with us, so we spent

time observing care interactions in the communal lounge. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered nurse, registered manager, activity coordinator, regional director and three care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Further information was emailed to the inspection team following the inspection. We also sought feedback from two relatives and three healthcare professionals after the inspection.

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 Inadequate. This was because risks associated with people's care was not safe. For example, epilepsy and dehydration management was unsafe and placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection this key question has now improved to Requires Improvement. However, ongoing work was required to embed good practice in to everyday care delivery. This meant some aspects of the service were not always safe and further work was required to ensure the ongoing safety of people living at the service.

Assessing risk, safety monitoring and management:

- At the last inspection in February 2019, the management of epilepsy was not safe. This was because staff were not consistently recording people's seizures. Important information about each seizure was being missed. At this inspection, improvements had been made.
- A new seizure monitoring chart was in place which included clear information on the duration of the seizure, description of the seizure, what alerted staff to the seizure and what the person was doing before the seizure. Seizure monitoring charts were reviewed on a regular basis by the registered manager to ensure robust recording and completion.
- Staff had a good understanding of people's epilepsy and the potential triggers for any seizures. One staff member told us, "For one person, noise could be a trigger or urinary tract infections." Clear guidance and protocols were in place on the support people required in the event of a seizure and staff were able to tell us about people's emergency medicines to help control the seizure. One staff member told us, "According to one person's protocol they have different types of seizures, so we need to be aware of intervention. The most important thing is to time the seizure, the movement and their safety."
- Care and support was provided to one person who could display behaviours which challenged. At the last inspection in February 2019, positive behaviour support plans (PBS) were not in place. A PBS care plan is a document that promotes a set of strategies to ensure safe and personalised care is provided to a person if they become challenging to others. A failure to provide such an approach meant there was a risk staff may not always respond consistently and safely and using the least restrictive options. At this inspection, improvements had been made.
- Staff had received training on positive behaviour support and the registered manager had sought support from the provider's positive behaviour support lead. A behavioural intervention plan was in place which considered how to respond to the behaviour, an assessment of the behaviour and how to support the person in a safe and personalised manner.
- Staff had a good understanding of how to support people and the potential triggers which might cause someone to display behaviours which challenge. One staff member told us, "One person doesn't like us talking loudly and likes to be in a calm place. They used to smoke and like to ask for a cigarette, so when they ask for a cigarette we provide them with a cigarette stick sweet which they like holding between their fingers."
- At the last inspection in February 2019, some people were at risk of dehydration. This was because fluid

charts were not accurately completed, and people's daily fluid intake was not assessed or monitored. At this inspection, improvements had been made. Each person had a fluid chart in place which recommended a daily intake. This was assessed based on their weight and was regularly reviewed. Nearly everyone was having enough fluid and where people were not meeting their recommended intake, the registered manager was working in partnership with healthcare professionals to support the person.

- Risks associated with fire safety were managed safely. At the last inspection in February 2019, personal evacuate plans (PEEPs) were found to lack detail. At this inspection we found that all PEEPs had been reviewed and contained clear information on the steps to take in the event of a fire.
- People living at the Granary were living with complex neurological care needs and required full support with moving and handling. Moving and handling guidance was in place, but the level of detail varied. For example, one person's care plan included clear step by step instructions on how to safely support the person to transfer using their hoist and wheelchair.
- However, for another person, their care plan lacked detailed step by step guidance. The care plan referred to the wheelchair needing to be in the correct position but failed to advise what position that was. One person's epilepsy risk assessment referred to staff placing them in the recovery position following a seizure but there was no guidance on how staff should do that. We brought these concerns to the attention of the registered manager and action was taken during the inspection process to amend and update the moving and handling guidance.
- The management of constipation, tracheostomy and percutaneous endoscopic gastrostomy (PEG) care was safe. Clear guidance was in place and staff were knowledgeable about the risks associated with people's care.
- For people living with constipation, staff were clear on the steps to take in the event of a person not experiencing a bowel movement. One staff member told us, "We have bowel chart in place to monitor every day. For some its three days and others only two days. We have to give laxatives and if the laxatives don't work, we offer suppository and their GP is informed." Documentation confirmed that if people did not experience a bowel movement, 'as required' medicine was offered and where required a suppository.
- Relatives spoke highly about the care provided to their loved ones and how staff understood and responded well to risks associated with their loved one care needs. One relative commented how staff knew when their relative was about to have a seizure and the steps to take. Observations of care demonstrated that people responded well to staff.
- One person told us, "It's safe and secure here which I like."
- A number of improvements had been made from the last inspection in February 2019. However, further work and time was needed to ensure those changes were embedded into practice and sustained.

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

- One person told us they felt safe living at the Granary, they commented, "It's nice here and I'm happy." Relatives told us they felt confident leaving their loved ones at the service. One relative told us, "I know (person) is safe there. They are well looked after."
- People appeared relaxed in each other's company and with the staff. There were good humoured exchanges between people and staff.
- Staff understood what action they had to take if they suspected or witnessed any form of abuse and the action to take if they had any suspicions. They felt confident that any concerns they raised would be taken seriously by the management team. Staff continued to receive regular training in safeguarding adults and followed the company's policy and procedure in order to protect people.
- The registered manager had raised concerns with the local authority safeguarding team and had taken an active role in the investigations. The local authority had visited the service in June 2019 to monitor the status of ongoing safeguarding concerns and investigations. That report found that all safeguarding concerns were closed and that identified actions had been progressed.

- Staff and the registered manager recognised when people were at risk of self-neglect, or were self-neglecting, and raised safeguarding concerns where required.

Staffing and recruitment:

- There were safe systems and processes for the 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. Nurses deployed were checked by the registered manager and provider that they were registered with the Nursing and Midwifery Council (NMC) and were fit to practice.
- The service can accommodate up to 41 people, there were four living at the home when we inspected. The current staffing levels were based on four people's needs. Staffing levels were enough to meet people's needs and were flexible according to people's dependency levels on any particular day. One person told us, "Anytime you need anything you don't have to wait for long." Relatives also confirmed that staffing levels were safe and sufficient.
- The staffing rota was planned in advance and the registered manager ensured that on each shift a staff member was trained in epilepsy management and suctioning (supporting a person to maintain their airways). The registered manager considered the skill set and deployment of staff when scheduling the care rota.
- When agency staff were required to ensure safe staffing levels a comprehensive agency staff induction process was in place. Before agency staff completed their first shift at the service, the provider obtained a copy of their profile to ensure they had required skills and training to provide safe care. The profiles of agency nursing staff demonstrated that they received training on epilepsy awareness, PEG care and learning disability training. The competency of agency nursing staff was also assessed.

Using medicines safely:

- People received their medicines on time and in a dignified manner. Medicines were administered by registered nurses who received regular training and had their competency assessed. Nursing staff were aware of good practice guidelines and this was observed in practice.
- Staff completed Medicines Administration Records (MAR) which were up to date and accurate. The numbers on the MARs when reviewed matched with the numbers of medicines in stock.
- Where people required PRN (as required) medicine, protocols were in place for any medicines that had been prescribed but did not need routinely. PRN protocols gave staff guidance on when they could give the medicines, the required dosage and how often the dose should be repeated to ensure these were given as prescribed.
- Medicines were securely stored and were only accessible to trained staff whose competency to administer medicines had been assessed. Staff monitored fridge and room temperatures to ensure that medicines were stored within the safe temperature range.
- Appropriate authorisation had been sought for people that required 'covert' medicines; this is prescribed medicine that is disguised within another product such as a yogurt. These were regularly reviewed with the person's GP or relevant health care professional.
- Medicine audits were completed regularly, and an independent pharmacist had recently visited the service to undertake an audit. Feedback received from the pharmacist following the inspection was positive. They felt that safe systems and processes were in place and that nursing staff appeared to be knowledgeable about people's medicine routines.

Preventing and controlling infection:

- The service was clean and hygienic. The provider employed cleaning staff who carried out daily cleaning of all areas and equipment in use at the service.

- Nursing and care staff used personal protective equipment such as gloves and aprons to reduce the risk of cross contamination. Laundry bags were appropriately labelled to distinguish soiled laundry. Hand sanitisers were available throughout the service for people, staff and visitors to use.
- Where people were at high risk of infection, they had their own specialist equipment in place, such as their own thermometers to reduce the risk of infection.

Learning lessons when things go wrong:

- The registered manager monitored accidents, incidents and safeguarding concerns, and learned from them to reduce the risk of them happening again. The registered manager told us, "A big learning curve for us as a service has been about liaising with healthcare professionals at the earliest convenience; a number of safeguarding concerns have identified the importance of that. A recent safeguarding also identified the importance of ensuring that we can meet people's needs and consequently we've been focusing on the pre-admission process and ensuring that we capture the right information."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. This was because the requirements of the mental capacity act (MCA) 2005 were not being met and staff were not sufficiently trained and skilled. This was a breach of Regulation 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Improvements to staff training was also needed. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this. The service was now complying with legal requirements related to consent and staffing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider was using nationally recognised, evidence-based guidance to track and monitor people's health outcomes, such as Waterlow charts to ensure people's skin was healthy and MUST (malnutrition universal screening tool) tools to monitor people's nutritional needs.
- For people living with a learning disability and a neurological condition, a DISDAT (disability distress assessment tool) was in place to help staff understand when people may be upset or in pain. Staff were knowledgeable about the signs and symptoms that might indicate a person was in pain or experiencing discomfort.

Staff support: induction, training, skills and experience:

- At the last inspection in February 2019, not all staff had received positive behaviour support training or epilepsy training. At this inspection, improvements had been made. Staff had received vital training to ensure they could provide safe and effective care. Training topics included epilepsy and positive behaviour support. Where training was outstanding for a couple of members of staff, training dates had been booked.
- Staff spoke highly of the training provided and confirmed that they felt valued and supported in their role. One staff member told us, "It's so good, I like studying. When we have training I always focus on the updates. I like to keep updated and study. We have the basic knowledge, but things change. They have a range of training; the manual handling training here was really interesting."
- Care and support was provided to people living with complex neurological conditions such as acquired brain injuries. Staff had received training on these conditions and told us, "I've done an acquired brain injury course, Huntington's, multiple sclerosis, positive behaviour support, seizure management and buccal midazolam training. It makes you more aware about the requirements people need if going out or staying in doing activities"
- The registered manager was supporting staff to grow and develop and become champions in subject areas that were interesting to them. For example, one staff member had become the positive behaviour champion and spoke highly of this role. They commented, "I'm enjoying the role and I think it's important to look at the holistic side of people's care and not just the medical." This staff member was supporting the staff team to further understand positive behaviour support and implement best practice.
- An ongoing training programme was available to staff and staff new to the care sector were also required

to complete the Care Certificate, covering 15 standards of health and social care topics as part of their induction into working in health and social care. Staff spoke highly of the training provided.

- People and their relatives spoke highly of the staff and their skills and competency. One person told us, "The staff are very good, and they are good to me."
- Observation of practice demonstrated that staff were competent, skilled and knew people well. For example, staff told us how they had experienced training on acquired brain injury and recognised that following an injury people's memory and cognition can be affected. Staff told us how they worked with people to engage with memory exercises such as looking at old photographs. This was observed on the inspection.
- The provider's permanent nursing staff were on extended leave, so agency nursing staff were regularly used. The provider had an agreement in place with a local agency and two agency nursing staff had been seconded to the service to provide regular and consistent cover. These nursing staff received ongoing support and formal clinical supervision had been set up. Their clinical competency was also assessed. Care staff also received ongoing support and supervision.

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

- People received appropriate support to eat and drink. For example, staff sought advice from a speech and language therapist (SALT) about food and drink texture, correct positioning and the use of equipment. For example, one person's nutritional care plan referred to the use of a plate guard to promote eating independently. This was seen in use at mealtimes.
- We observed staff providing support to people who needed help to eat and drink and encouraging them to finish their meal.
- People were given choices of what they wished to eat, and this was provided in pictorial and written format to help people choose and decide. People were also provided alternatives if they requested this. One person told us, "The food is very good. I tend to buy my own food in and staff help me cook but when I do have the meals prepared, they are very nice."
- Where people were at risk of dehydration, this was closely monitored. One staff member told us, "One person is at high risk of dehydration, but everyone has protocols in place. We monitor fluid intake daily as one person's epilepsy can be triggered by urinary tract infections, so it's important we monitor their fluid intake."
- Where people refused to eat or drink, this was respected but staff also recognised that this could be a sign of a deterioration in their physical and mental health. Where staff noticed that people were declining food, prompt action was taken. One staff member told us, "If a person is refusing to eat and drink, we try different approaches. For one person, it could be a sign of low mood or that they are experiencing an infection, so we liaise with their GP and take action."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support:

- Robust systems were in place to monitor people's healthcare needs. The registered manager identified that previously the service had not been very good at working in partnership with healthcare professionals and making referrals to external professionals for advice and support. They commented, "I'm really proud of how we've sought support from professionals and worked collaboratively to promote good outcomes for people. For example, we've been working with healthcare professionals for one person to ensure that they could have time out of their wheelchair to promote their quality of life. However, we had to consider the implications of that due to their healthcare needs. Through attending multidisciplinary meetings and working in partnership, we managed to come up with a plan that enables them to have time out of their wheelchair and improve their quality of life."
- Healthcare professionals feedback following the inspection that communication with the service was good,

along with partnership working. One healthcare professional told us, "The staff team are knowledgeable and have a very good working knowledge of individual patients and their needs. This placement provides care for one of our patients in particular who has a complex behavioural challenge and has managed to provide an effective level of care and deliver good outcomes."

- Care and support was provided to people living with PEG tubes in place and tracheostomies. Systems were in place to ensure the safe management of the PEG tube. Nursing staff advanced and rotated the tube weekly and care staff were able to explain the importance of maintaining the PEG site and ensuring it was washed and dried thoroughly daily. Nursing staff maintained regular contact with healthcare professionals to ensure ongoing safe management of people's PEG care.
- People required ongoing care and support to meet their daily's needs. Systems were in place to monitor these needs and the registered manager and nursing staff held regular clinical meetings to discuss people's ongoing clinical needs.
- Staff were knowledgeable about people's care needs and recognised that people's health could deteriorate rapidly. One person experienced regular urinary tract infections which impacted on their seizure activity. Staff told us how they monitored for signs of dehydration and regularly tested their urine weekly for signs of infection. Robust guidance was in place which included information on the signs and symptoms of a urinary tract infection and the steps to take.
- Staff were using the National Early Warning Score (NEWS) system effectively. Where people had been assessed as high risk according to their NEWS score appropriate action had been taken such as calling 999 or 111 for advice.
- People and their relatives spoke highly about the support that they received. One person told us, "I'm trying to avoid getting ill and getting my infection under control. Staff know I don't want to go to hospital and they are supporting me to ensure that doesn't happen." One relative told us, "They know better than me when (person) is unwell. They are very good at making sure (person) is hydrated. They are well looked after."
- People were supported to access hydrotherapy and physiotherapy. The service also had a salt cave on site (salt cave is an alternative therapy used to help people with respiratory conditions). Staff told us how one person enjoyed accessing the salt cave and also enjoyed listening to music whilst there.

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

- People's bedrooms had been personalised with their own pictures, decorations and furnishings. Bedrooms were reflective of people's personality and interests.
- Corridors and doorways were wide enough for people who used wheelchairs to move around the shared areas. Where required, bedrooms were equipped with an overhead tracking hoist to assist with safe moving and handling.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection in February 2019, conditions attached to people's DoLS authorisations were not being met. At this inspection, we found that no one living at the service had an authorised DoLS in place. Applications had been made but were not yet authorised. We checked the previous conditions in place for one person whose DoLS application had expired. Action had been taken to meet those conditions.
- Staff had received training on MCA and DoLS and demonstrated a good understanding of the legislation. One staff member told us, "Even if it said in care plan person doesn't have capacity we still must assume they do and offer choices. We must offer choices around food, activities. We show one-person pictures of the menu and they will look at pictures and say what they want. With clothes, you show different options and they will choose. With critical decisions people still need to be assessed and we must assume they have capacity."
- Some people required the support of restrictive practice to keep them safe. For example, one person required the support of bed rails and a lap belt. The registered manager had considered whether these restrictions were the least restrictive option for the person and in their best interest. Restrictive practice was subject to regular review to ensure it remained the least restrictive option and necessary and proportionate for the person.
- Mental capacity assessments were in place; however, best interest decisions had not yet been completed. The registered manager confirmed that they were in the process of organising best interest meetings with relatives and healthcare professionals. Where people were deemed as lacking capacity and awaiting a best interest meeting, appropriate measures were in place to ensure they were not unlawfully deprived of their liberty or that the restrictions in place were necessary and proportionate. Subsequent to the inspection, one relative gave feedback that they had just attended a best interest meeting at the service.

Is the service caring?

Our findings

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

At the last comprehensive inspection in September 2018 this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- Relatives spoke highly of the staff and the service their loved one received. One relative told us, "The staff are kind and caring, they even give me a hug when I need it. There's always a cup of tea available when I'm there and they take (person) out regularly, they go shopping. (Person) is well looked after and I know they are safe. There's always enough staff and they are always prepared to help."
- Staff were able to tell us about people's personalities, likes and dislikes, and demonstrated their knowledge about what was important to people. One staff member told us, "One person loves to people watch and always wants to be on the move." During the inspection, staff were observed regularly supporting this person to go outside. One staff member commented, 'it's windy outside (person), shall we go for a walk? I know you love the wind on your face.'
- Staff respected people's diverse needs and throughout the inspection staff interacted with people in a playful and friendly manner. Staff were observed laughing and having a joke with one person.
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against any protected characteristics they had, in line with the Equality Act 2010.
- Staff recognised the importance of human touch and gently supported people, to provide comfort. For example, staff were observed stroking one person's head. Staff also told us how one person enjoyed hand massages and how this brought them comfort.

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

- People and relatives told us that they were involved in decisions about their care. One person told us, "I meet with my key worker monthly and we go over my care plan to check I'm happy with it."
- Staff recognised the importance of supporting people to be involved in decisions about their day to day care. Staff told us how they communicated effectively with people in order to empower them to make day to day decisions. One staff member told us, "You always have to be polite, in a lower voice, speak slowly so they can understand."
- Staff understood the variety of people's needs and adapted their support based on people's needs. Care plans included guidance on communication and how to effectively engage with the person. Observations of care demonstrated that staff engaged in a caring and compassionate manner with people who were unable to verbally communicate.

Respecting and promoting people's privacy, dignity and independence:

- Staff were knowledgeable about the care practice they delivered and understood how they contributed to people's health and wellbeing. We observed caring interactions where people's privacy, dignity and

independence were respected. Staff were observed asking one person if they wanted their hair brushed; they brought along the person's hairbrush and encouraged the person to brush their hair independently.

- Staff supported people to dress in accordance with their lifestyle and maintain their sense of appearance. Staff supported one person to paint their nails and go out shopping.
- People and their relatives confirmed that their privacy and dignity was respected. Staff were observed knocking on people's bedroom doors and staff told us about the importance of respecting people's privacy and dignity.
- People were encouraged to stay in contact with their relatives and friends. Visitors were made to feel welcome and there were no restrictions on the times they could visit.
- Staff supported people to celebrate their birthdays and events that were important to them. One person told us how they had friends over for a recent birthday and enjoyed the day.

Is the service responsive?

Our findings

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

At the last comprehensive inspection in September 2018 this key question was rated as Requires Improvement. This was because care plans were not always personalised, and people did not always receive enough stimulation to promote their wellbeing. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection this key question has remained the same. Improvements had been made but further work was required to embed good practice and promote positive outcomes for people. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- At the last comprehensive inspection in September 2018, care plans varied in personalisation. At this inspection, we found that improvements had been made but ongoing work to the care planning process was required.
- Staff were knowledgeable about people's past, their interests and likes. One staff member told us how one person loved cats and enjoyed talking about cats. Staff also told us how one person enjoyed listening to the radio and having books read to them. Staff were able to provide responsive care due to knowing people well. However, the care planning process was not always responsive and failed to consistently consider people's care needs in a holistic manner.
- The care planning process failed to consider and assess people's emotional needs. For example, some people living at the Granary had experienced life changing injuries, yet how those injuries impacted upon their wellbeing or their family's wellbeing was not factored into care planning. Staff told us how one person didn't want to talk about their life prior to their injury but this was not reflected within their care plan.
- People's care plan considered if they had any religious or spiritual needs. However, these lacked detail. For example, one person's care plan identified that they believed in Christianity and that staff should give them choice to decide whether they should go to church. No further information was available on how staff explored this with the person and staff advised that they had not recently supported the person to attend church.
- People were visited by relatives who were important to them. However, the care planning process failed to assess and identify how people's relationships could be promoted. Sexuality care plans were in place but these lacked detail on how to support the person in this area. Care plans also failed to consider if people were looking for relationships and how staff might assist with that.
- We discussed the above concerns with the registered manager who confirmed that after the inspection, steps had been taken to amend the care planning process.
- Whilst ongoing work was required to improve care plans. Staff knew people well and had spent time getting to know people, their history and building rapport with people. Staff were able to tell us about people's past life, how they preferred their support to be provided and what was important to them. For example, staff told us how one person was fond of cats and used to love going to casinos.
- One person told us, "The staff are cool here. I have a key-worker and we spend time cooking together. I like that I have my own flat and personal space. Staff have got to know people and know what I like to do."

Meeting people's communication needs:

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

- The registered manager had taken steps to provide information in an accessible format for people. The menu was displayed in pictorial format. A guide was available for people in the communal lounge which included information in an accessible format around safeguarding, staffing levels at the service and quality checks.
- One person told us how they were involved in their care plan and relatives confirmed that they had regular meetings with the registered manager to discuss their loved one's care and review the care plan. Whilst relatives confirmed that they felt involved in their loved one's care, this was not always reflected within the care planning process and care plans were not always presented in a way that people could easily understand. The registered manager told us that they recognised documentation and accessibility needed to improve and that this was something they were focusing on.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- At the last comprehensive inspection in September 2018, people were not always supported to engage in meaningful activities. At this inspection, we found that improvements had been made but ongoing work was required.
- An activity coordinator was in post who told us that new activity schedules were in place which were based on people's hobbies and interests. They commented, "The organisation of activities has taken on a new format to make sure people get out which is working quite well. We talk to families, so we know what they like to do. One person likes space things. Another person loves to watch gameshows and soaps. They love bingo."
- Staff members told us how activities had improved. One staff member commented, "We have a variety of activities as we have a variety of people with different health needs. (Person) went to the café yesterday with two carers. We chatted about old times and how they used to like to go out. We talked about the pub they used to go to. Talk about the good times."
- Activity records demonstrated that people were regularly accessing the community. During the inspection, two people were supported to access a local park. One relative told us how their loved one enjoyed going shopping and having a cup of tea in a local café. One person told us, "It's really flexible here. I can arrange transport when I need. Staff come out shopping with me and we buy ingredients to make different things or go out into town."
- Although the amount of activities offered to people had increased, the evaluation of activities was not in place to assess whether the activity was meaningful for the person, what the desired outcome was or what people were trying to achieve. Activity records were in place which included a section on 'learning from the activity', however this section was not consistently completed. We discussed these concerns with the registered manager and after the inspection, the registered manager identified how they would improve the document to make it easier for staff to record the outcome and evaluation of the activity.
- Staff commented that whilst improvements to activities had been made, further work was required to ensure activities were meaningful. One staff member told us how they were exploring people's backgrounds and what further activities or trips out could be provided based on their background.
- The care planning process and activities failed to demonstrate how people were supported to rebuild their skills following a brain injury or how to support people to regain control over aspects of their life. One person's care plan referred to goals and aspirations but then documentation and monthly reviews failed to demonstrate how staff were supporting the person to achieve those goals.

- Staff told us they were beginning to work with people to set goals and aspirations and confirmed that documentation did not consistently reflect what people's goals were. The activity coordinator told us, "This is something we are working on at the moment. We've identified one person's goals as supporting them to answer the front door to their parent comes and socialising them more." Further work was required to support people to achieve their goals and aspirations.

Improving care quality in response to complaints or concerns:

- People and their relatives told us that they felt confident in raising any concerns or complaints. One relative told us, "I know the manager would act straight away if I had any problems." The provider had not received any formal complaints in over a year.
- A complaints policy was available, and a copy was also available in a format which was accessible for people. There was a log of all complaints and the actions taken by the management team. Complaints received had been reviewed, investigated and feedback provided within a dedicated time-period.

End of life care and support:

- There was nobody receiving end of life care at the time of the inspection.
- End of life booklets had been implemented and relatives had been asked to be involved in 'planning for the future'. The registered manager told us how they were following up with relatives about end of life care for their loved ones. The registered manager told us that some relatives and people found it hard to talk about the subject and that was respected.

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. This was because the provider's quality assurance framework failed to drive improvement. Audits were not always effective, and the quality of care had deteriorated. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection this key question has now improved to Requires Improvement. Improvements had been made but further work was required to embed good practice and sustain improvements made. 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.

Continuous learning and improving care:

- At the last inspection in February 2019, concerns were identified around people's safety alongside ineffective governance systems. At this inspection, improvements had been made. The registered manager had implemented robust systems to monitor people's clinical needs and ensure their ongoing safety. The registered manager and nursing staff held regular clinical risk meetings which provided them with a forum to follow up on any concerns or issues.
- The registered manager and provider completed a range of audits. The provider's quality team visited the service in September 2019 and identified ongoing improvements which we also identified. This included the need for more person-centred activities and better evaluation of activities. However, the internal quality audit failed to identify that spirituality and sexuality care plans required further work.
- Steps had been taken to improve the provision of activities; however, ongoing work was required to ensure people's goals and aspirations were met alongside supporting people to rebuild their life skills. The care planning process also required ongoing work to ensure people's views around their sexuality, spiritual and emotional needs were captured. Similar concerns have already been highlighted to the provider about supporting people to meet their emotional needs alongside supporting people to set goals and aspirations. Learning from these findings had not been fully implemented to improve the wellbeing of people living at the Granary.
- A range of documentation was in place including daily notes and monitoring charts. However, staff were not consistently recording their engagement with people. For example, the registered manager and staff told us how they tried to support one person with accessing an IT room, but this wasn't successful. The registered manager confirmed that they had not always been at good recording when they had tried things with people that may not have necessarily worked. The registered manager confirmed this was an area of practice that they were working on.

There was a failure to maintain accurate documentation and improve the quality services provided. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

characteristics: Working in partnership with others

- Forums were in place to involve staff in the running of the service. Regular staff meetings were held whereby staff could discuss ideas and raise concerns. Daily handovers were utilised as an opportunity to share best practice, discuss concerns and share vital information. Staff spoke highly of communication within the service.
- The registered manager was aware of the principles of registering the right support and understand that the design and size of the service did not meet those principles. However, they commented, "We are taking steps to meet the principles. We have implemented door bells, so people have their own door bell. We've also worked on making the lounge more homely and less clinical." The lounge was observed to be painted in a bright colour which pictures decorated on walls. One staff member told us, (Person) painted the frames for the photos in the lounge."
- People and their relatives told us they felt involved in the running of the service. The registered manager told us that due to people's complex care needs it was sometimes difficult to promote involvement. They commented, "We recently painted the lounge and wanted to involve people in the colour choice. We showed different options, but some people were unable to let us know of their preferred option." The provider's recent quality audit completed in September 2019 identified the need to further evidence how people were involved in the shaping and running of the service. This remained an ongoing area for improvement.
- The registered manager told us how they were trying to strengthen links with the local community. They told us that they had recently reached out to the armed forces and were exploring other avenues. Feedback from one healthcare professional advised that they felt community engagement could be improved. This was also identified as an area of improvement in the provider's recent quality audit.

We recommend that the provider seek guidance from a reputable source about community engagement and involving people in the running of the service.

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

- Staff spoke highly of the registered manager and commented that manager promoted a positive and empowering culture at the service. One staff member told us, "(Person) is a good manager and approachable, you see him nearly every day, he's hands on." Relatives also spoke highly of the manager and the improvements that they had been making. One relative told us, "Things have improved a lot since the new manager took over."
- The registered manager had clear visions for the service and spoke about the challenges that the service had faced along with the successes. The registered manager told us, "I've spent time building up the staff team and staff morale. We had to shift from a clinical model of care to social and that has been challenge. However, we have a very experiencing staff team now and we make sure that this is the right service for people. We want to expand but we need to ensure we expand with good governance."
- Healthcare professionals spoke highly of the service. One healthcare professional told us, "Historically communication with the service has been poor but since the new manager has taken over, communication has greatly improved. The manager is extremely proactive and the care plans have greatly improved."

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: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager was aware of the duty of candour to be open and honest with people, or their families, when something goes wrong. There was a clear management structure and staff understood their roles and responsibilities.
- The CQC's rating of the home, awarded at the last inspection, was on display at the home and on the

provider's website.

- The provider had a mission statement and set of values in place which governed the day to day running of the service. The registered manager told us that the provider was re-looking at the governing values and that steps were being taken to enable people to devise their own values which underpin the day to day running of Sussex Health Care. The registered manager told us, "I've been working with the staff team to look at setting our own standards and objectives and looking at what values they feel are important."
- Staff, people and relatives confirmed that the registered manager had an active presence in the home. One person told us, "He's very good, he's trying to get things moving and improve things here." Staff told us that they felt supported and valued. One staff member told us, "We get enough support from the manager. He tries his best to encourage. He is also hands on, he helps when needed. He comes back with feedback, he always communicates with us."
- Following the last inspection in February 2019, we imposed conditions on the provider's registration which meant that every month, the registered manager had to send us a report providing information on how they were supporting people living with epilepsy, behaviours which challenged, and dehydration needs at the Granary. We reviewed the monthly reports submitted and found that they provided clear detail and matched the information found at the inspection.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Effective systems were not in place to assess, monitor and improve the quality of care. Accurate documentation was not always maintained. Regulation 17.