

Sussex Clinic Limited

Sussex Clinic

Inspection report

44-48 Shelley Road
Worthing
West Sussex
BN11 4BX

Tel: 01903239822

Date of inspection visit:
07 May 2019

Date of publication:
13 September 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sussex Clinic is a residential care home that provides nursing and personal care for up to 40 people. At the time of inspection, 21 people were living at the service. People were aged 65 and over and lived with a range of health and physical health needs including degenerative conditions, diabetes and dementia.

People's experience of using this service:

There had been some changes to the management of the service since the last inspection. A new manager had been appointed. Subsequent to the inspection they were registered with CQC as the registered manager for the service on 5 June 2019. People told us that this had had a positive impact on the culture and running of the service. People told us the service was a happier place to live and the registered manager was making positive changes.

The registered manager had made some improvements to keep people safe. Staff had undertaken training and had an improved knowledge of identifying and reporting concerns. The provider had engaged a safeguarding consultant who had reviewed accidents and incident records and provided an improvement plan. The registered manager had developed an action plan to address the CQC inspection reports of 4 & 6 December 2018 and 10 January 2019 and the subsequent conditions placed upon the provider's registration. Further improvements were required to ensure people were robustly and consistently protected from the risk of harm.

Safeguarding incidents were not always identified or reported. CQC were not always notified of events which the provider is required to notify us of by law.

Suitable processes were not in place to identify and act on medicine errors quickly and seek medical assistance in a timely manner.

There was not an adequate process for assessing and monitoring the quality of the services provided and that records were accurate and complete. The providers' action plans to improve the service were not always followed. Recently implemented systems to monitor accidents and incidents had not yet been fully embedded into daily practice.

People's care plans did not always reflect a person-centred approach to meeting their needs and preferences. People did not always feel involved in the review of their care. There was a process in place to review and update all care plans by 30 June 2019.

Safe recruitment checks were not always followed to ensure fit and proper persons were employed.

The environment was tired and in need of decorating and repairing in places. Some areas of the building would not be effective at preventing and controlling the spread of infection.

People were treated with kindness by a caring and dedicated care staff. Care staff demonstrated a compassionate approach towards people and worked well together as a team. People told us that they felt that the staff cared about them.

There was a complaints procedure and a process to respond to complaints received. Complaints had been investigated and responded to. People told us that since the registered manager had commenced they felt more confident to raise concerns and felt listened to.

A system was in place to monitor applications and authorisations to deprive people of their liberty and any conditions attached to them. Consent to care and treatment was sought and recorded in line with the principles of the Mental Capacity Act. Staff supported people in the least restrictive way possible.

People received the support they needed to eat and drink and maintain a healthy and balanced diet. Staff knew people's dietary needs and people told us they enjoyed the food available to them. People told us they could choose alternative meals if they did not like what was on the menu.

Rating at last inspection and update

At the last inspection the service was rated 'Inadequate' (report published 10 April 2019).

This service had been rated as Inadequate at the last two inspections and there were multiple breaches of regulation. At this inspection, enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected:

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement

We have identified breaches in relation to Regulation.

Regulation 13 of the Health and social care Act 2008(Regulated activities) Regulations 2014. People were not always protected from abuse and improper treatment as the provider had failed to identify and report safeguarding incidents.

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have a robust process to ensure the proper and safe management of medicines.

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was not an established process for assessing and monitoring the quality of services provided and that records were accurate and complete.

Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Safe recruitment checks were not always followed to ensure fit and proper persons were

Regulations 18 of Care Quality Commission (Registration) Regulations 2009. The provider had failed to notify CQC of relevant incidents that affected the health and safety and welfare of people using the service.

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

Follow up:

We will continue to monitor the service to gain assurance that appropriate measures are put in place to address concerns. We will continue to monitor intelligence we receive about the service until we undertake a follow up inspection in line with CQC re-inspection schedule for service rated as 'Requires Improvement'. If any concerning information is received, we may inspect sooner.

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

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

Special measures

The overall rating for this service is requires improvement and the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 Safe.

Inadequate ●

Is the service effective?

The service was not always Effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always Well-Led

Requires Improvement ●

Sussex Clinic

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken in line with our regulatory processes and time scales for service's that were rated as 'Inadequate' at their last inspection. Sussex Clinic was rated Inadequate following inspections on 4 and 6 December 2018 and 10 January 2019.

Inspection team:

This comprehensive inspection took place on the 7 May 2019. The inspection was undertaken by two inspectors and one expert by experience [ExE] with experience in older people who use regulated 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.

Service and service type:

Sussex Clinic is a nursing home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had been without a manager registered with the Care Quality Commission since June 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. It is important for a manager to be registered with CQC, so they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

A manager had been appointed on the 12 February 2019. At the inspection they were undertaking the process of registering with CQC. Subsequent to this inspection this person became the registered manager for the service on 5 June 2019. They are referred to in this report as the 'registered manager'.

Notice of inspection:
The inspection was unannounced.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about and we sought feedback from health professionals who worked with the service. We used information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service and seven staff including the registered manager, a registered nurse, three care staff and a cook. The nominated individual (NI) for Sussex Clinic spoke to us on behalf of the registered provider. We observed the residents and family meeting which was attended by people who lived at Sussex Clinic and 25 of their relatives and friends.

We looked at the relevant parts of six peoples care plans and personal care records and reviewed other records relating to the care people received and how the service was managed. These included risk assessments, quality assurance checks and governance systems, medicine administration records (MAR) and staff training. We asked the provider to send information on their actions plans to follow our last inspection on the 10 January 2019: these were received.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspections on 4 and 6 December 2018 and 10 January 2019.

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

People were not safe and were at risk of avoidable harm.

- We previously inspected Sussex Clinic on 4 and 6 December 2018. This key question was rated as 'Inadequate'. We identified serious failings and shortfalls in the care and safety of people living at the service which either placed people at or exposed them to significant risk of harm. After the inspection we asked the registered provider to act to address the urgent risks and concerns we had identified.

- We inspected the service again on 10 January 2019 to check that improvements to meet legal requirements had been made and found that this key question remained 'inadequate'. This is because people continued to be exposed to the potential risk of harm. There was a continued failure by the provider to respond to allegations, report and investigate safeguarding incidents. Reasonable steps had not always been taken to assess and mitigate risks and safe recruitment checks were not always followed. There were continued breaches of Regulations 12, 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On 7 May 2019 some improvements had been made to protect people from abuse and avoidable harm. This is because the registered manager had an action plan to address concerns identified at the previous two inspection. Staff had received training and the provider had engaged support from an external consultant. There was no longer a breach of regulation 12 because systems and processes to assess and mitigate risk had been implemented. There was a continued failure to identify and report safeguarding incidents and to ensure that staff working in the service were safe to do so. Reasonable steps had not always been taken to identify and respond to medicine errors. There were continued breaches to regulations 13, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely; Learning lessons when things go wrong

- Systems and processes to ensure that medicines were administered safely were not always robust enough to identify errors. An agency nurse had administered a dose of medicine to a person that was four times higher than prescribed. This had not been identified by staff at the time or by the next person administering the medicine. Subsequent audits of medicine administration records and stock control had also failed to identify that an incorrect dose had been given.

- The error was identified two weeks later by a visiting health professional. As this error had not been identified at the time no medical assistance had been sought for the person. When the registered manager was made aware of the error they immediately informed the person and undertook a review of their care records. These showed that the person had not experienced any adverse effects. The registered manager had taken steps to learn lessons from this and had arranged for nurses to undertake training on managing,

preventing and recognising medicine errors. This training was due to take place during May and June 2019.

- The failure to have a suitable process in place to identify and act on medicine errors quickly meant that people could not be assured that their medicines were being administered accurately in accordance with the prescriber's instructions. People could not be assured of receiving medical assistance in a timely manner if a medication error occurred.

The provider did not have a robust process to assess, monitor and mitigate the risks relating to medicine errors. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

- Medicines were administered by trained nurses. Staff knew people well and also knew how they wished to have their medicines administered. Staff were knowledgeable of the purpose of the medicines they were administering. There were no gaps or omissions in Medication Administration Records (MAR). All medicines were stored in line with current legislation.

Staffing and recruitment

- On 4 and 6 December 2018 the provider had not ensured that risks associated with employing staff with criminal convictions had been considered and we asked the provider to take some urgent action to address this. The provider wrote to us and told us what action they had taken to assure themselves of safe recruitment for a person with a positive Disclosure and Barring Service check (DBS) disclosure. On 10 January 2019 we found the provider had given us incorrect information about the action they had taken, and the risks associated with employing staff with criminal convictions remained.

- On the 7 May 2019 these risks had still not been considered. The NI told us that the provider had introduced a new policy which included undertaking a risk assessment for all staff who had a positive DBS. This was to establish if they were safe to work with people who require personal care and nursing. The NI and registered manager confirmed that the provider had not followed their own policy. They had not considered the risk of employing an existing employee with criminal conviction. This person was not employed in a role that required them to deliver direct care, but their role had the potential for them to be in close proximity to people either in their rooms or communal areas without staff presence. This had been identified during the two previous CQC inspections. This meant that people could not be assured that staff working in the service were safe to do so and that they had been through a robust recruitment procedure.

Safe recruitment checks were not always followed to ensure fit and proper persons were employed. This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Fit and proper persons employed.

- People's needs were not always responded to in a timely way. Some people did not always feel that there were enough staff. One person said "they don't always know what I need, what I am capable of. They wash me in the bed but if they got me up I could wash my upper body myself. I think its whatever is quickest.", another said "I don't think they have the time to get to know me, it's not that they don't want to".

- People told us that call bells were answered more promptly at night. One person told us that staff can be slow to answer their bell during busy times of the day, but the previous night staff had responded "ever so quickly". Another person said "Sometimes I have to wait a long time for them to respond to the bell over lunchtime. I have to be hoisted, the other day (25 April) I asked at 12.45 but no one came till 3.40. I do allow for them to be a bit pushed". We fed this back to the registered manager so that they could address the variable experiences people had with call bells. During the inspection call bells were being answered promptly and people were observed to be receiving care in a timely way.

- We observed people telling the registered manager and NI about their experiences with call bells during

the residents meeting on the afternoon of the 7 May 2019. The registered manager said that they would work with people to address the matters they had raised.

Systems and processes to safeguard people from the risk of abuse

- At the inspection on 4 and 6 December 2018 and 10 January 2019 there was wide spread concern that unexplained bruising and injuries were not being identified or recorded by staff. On the 7 May 2019 the recording of accidents and incidents had improved. The registered manager had recently introduced a process to give management oversight of accidents and incidents and analyse their data. This had not yet been fully embedded into daily practice. This meant that people could not be assured that there was an effective and robust process to record and investigate injuries and incidents. This was because the manager had only been in post for 11 weeks and had implemented this process a few weeks prior to the inspection.
- Information and outcomes from previous safeguarding concerns had not been used to inform people's care records. For example, where people were known to bruise more easily due to their medicine this information had not been documented in their care plans. This was the same for people who were known to repeat allegations from a much earlier period of their lives. Staff did not have clear guidance to follow when such incidents occurred. This meant that there was a potential risk staff of staff missing the signs of potential or actual abuse occurring because they considered the bruising or allegations as normal for that person. This was fed back to the manager who said that they would incorporate this information into the new care planning process which was currently being reviewed and updated.
- Systems and process had been recently introduced to safeguard people from the risk of abuse. All staff had received safeguarding training and staff were able to tell us how to recognise and report abuse. Clear reporting guidelines had been introduced and this had been discussed during handover and at team meetings. This needed time to establish itself before its effectiveness could be assessed as despite recent training two incidents had not been considered by the provider under the local authorities safeguarding guidance. One had been referred to safeguarding by a visiting health professional and the other by the registered manager of another care home.

People were not always protected from abuse and improper treatment as the provider had failed to identify and report safeguarding incidents. This is a continued breach of Regulation 13 of the Health and social care Act 2008(Regulated activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

- The service used the agreed local authority safeguarding policy and procedure to guide staff if they became aware of abuse or if they had concerns. The registered manager had appropriately referred one concern to the local authority for consideration under their safeguarding guidance.
- People told us that they felt safe and would feel comfortable to tell staff or relatives if they didn't, one person said, "If I didn't feel safe I would tell one of my sisters", another said "I don't feel unsafe". A relative said that they felt able to approach the registered manager with any issues.

Assessing risk, safety monitoring and management

- At the inspection on 10 January 2019 risks were not being managed appropriately. There were concerns about people not having access to call bells, people being at risk of choking and concerns about safe catheter care and management. The registered manager had implemented an action plan to address these concerns which included staff training, unannounced service visits and regular checks on peoples access to call bells.
- Processes were not always in place to ensure people received treatment in line with health professional guidance. On 7 May 2019 the registered manager told us that staff had failed to follow guidelines and had not ensured a person's catheter had been changed in line with the requirements of their catheter care plan.

This had placed the person at increased risk of infection and avoidable discomfort. At the time of the inspection this was being considered by the local authority under their safeguarding guidance.

- The registered manager told us that the introduction of spot checks following our last inspection had found that some people did not always have access to call bells during the night. One person's call bell had been deliberately disconnected and four people's call bells had been placed out of their reach. This meant that people had been placed at risk of not receiving the help they wanted. The registered manager had taken immediate and appropriate action to ensure call bells were reinstated and referred the incident to the local authority for consideration under their safeguarding guidance. The staff concerned are no longer working in the service. During the inspection on the 7 May 2019 people had access to their call bells.
- Risks to people had been assessed. Individual risks had been identified and steps had been taken to mitigate these. For example, people who were assessed as being at risk of pressure sores had preventive measures in place to protect their skin. People had access to pressure relieving equipment and were receiving care and treatment outlined in their care plans. A professional health care worker trained in pressure care management visited the service weekly. They provided advice on wound care and support to ensure pressure areas were being managed appropriately.
- On 4 and 6 December 2018 and 10 January 2019 people were at risk of dehydration because fluid monitoring charts were not being completed correctly. On the 7 May inspection this risk had reduced. Staff had received training and observations of staff practice confirmed that recordings accurately reflected people's fluid intake. This meant that the risk of dehydration had been reduced and staff had improved knowledge of how to prevent and manage this effectively.

Preventing and controlling infection

- There was a cleaning schedule in place and records were viewed from the 1 April 2019. Some of the bathrooms had areas that were water penetrable and would not be effective in preventing the control and spread of infection. We told the registered manager and nominated individual about this.
- The registered manager told us that they did not undertake audits to check the safety of the environment including infection control. The NI told us that the registered manager completed a 'walk around' and that gave assurances that infection control was being monitored. The NI and the registered manager confirmed that there was no documentary evidence of these 'walk around' and there were no records of actions arising from these.
- The service had an outbreak of Noro Virus in February 2019. This was reported to the appropriate authorities and managed within their infection control guidance.
- Staff had access to personal protective equipment's (PPE) and we saw gloves and aprons being used appropriately. Staff had a good understanding of infection control and were observed taking measures that would reduce the spread of infection.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 4 and 6 December 2018.

Effective 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

- We previously inspected Sussex Clinic on 4 and 6 December 2018. This key question was rated as 'Inadequate'. The provider had failed to ensure that staff were supported to undertake training, learning and development to fulfil the requirements of their role. People were not receiving person centered care. The provider was found to be in breach of Regulations 9 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On 7 May 2019 inspection the registered manager had an action plan to address the concerns raised at the previous inspection. Improvements had been made to staff training and providing person centred care and the requirements of Regulations 9 and 18 had been met.

Staff support: induction, training, skills and experience

- Improvements had been made to staff training. Nurses had undertaken some clinical skills training which included catheter care and tissue viability. Staff had an improved understanding of how to manage the prevention and treatment of pressure wounds and this was reflected in people's care experiences. For example, we saw improvement in a person's pressure wound from a grade four on 10 January 2019 to a grade two on 7 May 2019. The person's care records showed that they were receiving the assessed treatment in line with health professional's guidance because the wound was healing.
- Improvements had been made to staff induction. One staff told us they had not received an induction when they first started. They said that since the registered manager commenced they had undertaken a lot of training and were now undertaking the Care Certificate. This is a nationally recognised induction for staff new to working in care. They said, "I find it really interesting, it means that I am offering the best care I can with appropriate the information I need to know about the person".
- Training had been provided for all staff in specific key topics relevant to the needs of people living at Sussex Clinic. This included training from a health and social care professional on moving and positioning. We observed an improvement in staff knowledge and confidence in this area. People told us that staff supported them well when using the hoist and transferring from wheelchairs. One person said "The staff do seem to know what they are doing with the hoist. They have changed the hoist they use, it's more cushioned now. It used to dig into my legs and hurt, it's much better now". A relative said "there always seems to be someone around to hoist (relative's name) into their wheelchair". We observed staff using appropriate moving and positioning techniques to support people in line with their care plan requirements.
- Staff told us that training had improved since the registered manager had commenced and that they had recently undertaken training to address concerns raised in the previous inspection reports. Training records confirmed this. Staff skills and knowledge gained from recent training needed time to establish itself within

the delivery of day to day care practice before its effectiveness could be assessed.

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

- People were supported to maintain a balanced diet. During the inspection on 4 and 6 December 2018 some people were observed to have a poor mealtime experience, this led to people not always receiving the support they required to maintain a balanced diet. At the inspection on 7 May 2019 this had improved; people's assessed needs and preferences were being met and people had enough to eat and drink.
- People had been assessed by a speech and language therapist (SaLT) and their care plans and risk assessments contained guidance for staff to ensure the person received the correct consistency of food and drink. Staff we spoke to were very knowledgeable about people's specific requirements and we observed food being served in line with the persons assessed needs
- Staff had received training in supporting people to eat and drink. The risk of choking had been reduced by staff undertaking training in swallowing difficulties and modified diets. Staff told us that this had been invaluable in ensuring they were providing person centred support at meal times in line with people's nutritional requirements.
- People were provided with the support they required to reduce the risk of malnutrition and dehydration. Care plans set out the support people required. Kitchen staff were knowledgeable about people's needs and providing for special diets, such as for diabetics.

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

- People had access to healthcare services. People who had complex health conditions had access to community nursing and there were links to the local GP practice. One person said, "I see the GP and the chiropodist, they are here regularly", another told us about a time recently when they had been supported to attend a health appointment. A relative told us that their loved one had been "really poorly" and how staff had looked after them really well and kept on top of everything, "they had their antibiotics changed three times because they went working. The nursing staff kept us informed and updated".
- Staff worked with external healthcare professionals and the registered manager met with a health professional from the local GP practice on a weekly basis to discuss people's nursing needs. The service was supported by community health care professionals to prevent hospital admissions and provide advice and guidance on specialist care such as dementia and moving and positioning.
- Eight people had been referred to speech and language therapy (SaLT) since the previous inspection for support with eating and drinking. Some people had been assessed by the SaLT team as having swallowing difficulties, this is known as Dysphagia. The support plans for people who were assessed as having Dysphagia had been updated to reflect this information. We observed that these guidelines were being followed by staff.

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

- The home was tired and in need of decorating and repairing in places. The decoration and fittings in some of the communal areas, bathrooms and bedrooms were tired and the nominated individual and registered manager confirmed this. The nominated individual told us that there was not currently any planned redecoration scheduled but they would speak to the provider about this.
- Homely touches were evident, including photographs and art work people had completed. People's bedrooms were personalised with items they had brought with them and pictures they had chosen. One person had a fridge in their room.
- Some areas of the service were adapted to meet the needs of people. For example, there were raised toilet seats in the bathrooms to provide additional comfort and pressure relief. There was a bathroom which had overhead tracking hoist. On 4 and 6 December 2018 people told us that the garden was not accessible to

people in wheelchairs. On the 7 May a ramp was in place enabling people to move from the main building into the garden. We saw photographs of garden activities and afternoon tea over the Easter weekend. People told us it had been wonderful to get out in to the garden.

- We saw people using mobile phones and some people told us they had free to view televisions in their rooms another told us they had an electronic tablet that they used for email. One person said, "I don't have the internet, but I don't want it another said, "I just have my phone and television with free view, I'm not really into technology". The registered manager told us that Wi-Fi was available for people who wanted to use tablets and other types of technology.

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

- On 4 and 6 December 2018 some peoples assessed needs were not always fully considered before a decision was made that their needs could be met by moving to the service. This had resulted in staff not being able to meet one person's complex mental health needs. On 7 May 2019 the registered manager told us that they had assessed people for Sussex Clinic but had not offered them a service because they would be unable to meet the persons assessed needs. There had been no new admissions to the service since the inspection on the 10 January 2019. This showed that there was an effective assessment process to assess the suitability of a person before offering them a service.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had submitted DoLS applications to the local authority for people who lacked capacity and were subject to some restrictions for their safety. Where DoLS authorisations had conditions applied, these were being met. For example, continuing with a person's medications and their catheter care.
- Where possible, staff ensured that people were involved in decisions about their care and understood what they needed to do to ensure decisions were made in people's best interests.
- We observed staff asking people for their consent before they provided support to them. Records for people showed that appropriate consent was sought for decisions about their care and treatment.

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspections on 4 and 6 December 2018.

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

People did not always feel well-supported, cared for or treated with dignity and respect

- We previously inspected Sussex Clinic on 4 and 6 December 2018. This key question was rated as 'Requires Improvement'. Some people being supported were not always treated with dignity and respect. There was a breach of Regulation 10 of the health and social care act 2008 (regulated Activities) Regulations 2014. On the 7 May 2019 this had been addressed and there was no longer a breach of this regulation.
- On 4 and 6 December 2018 Staff told us that there was a task focused culture which was centred on providing personal care to people. They told us that they were afraid of not meeting the tasks that had been allocated to them by the provider which meant that they were not able to spend quality time listening and talking to people which is what they enjoyed doing. People told us that staff were not able to spend time talking to them because they were always busy doing other things. On the 7 May 2019 inspection the culture of the service had changed. People and staff told us that this was because there was a new registered manager who encouraged staff to spend quality time with people.

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

- On 7 May 2019 People were treated with kindness by a caring and dedicated care staff. Care staff demonstrated a compassionate approach towards people and worked well together as a team.
- Despite having training staff had not always recognised when people had not been receiving care and support in line with their assessed needs. Staff told us that the registered manager had recently implemented clearer processes to identify and report concerns and this was starting to be embedded into everyday practice.
- People told us that they felt that the staff cared about them. One person said "(name) works on this floor, they are in charge, they are very good, and they listen to me. Most of the staff who stay are very good". People told us that they liked the new registered manager, one said "she is fabulous, I hope this one stays".
- People's differences were acknowledged and respected. Staff told us that "people are individuals each with their own personality, likes and dislikes", and "it is important to respect people's choices and feelings".
- A person that we spoke to was living with Dementia. We observed that the care team knew about the persons personal life story and important events that had occurred in their life. The person told us that staff knew who the people were in their photos and they would talk about them together. This person told us that they felt able to choose how they spent their time.
- One person told us that when they were feeling unwell one of the nurses had stayed late, they didn't go home until after the doctor had visited them. Another said that when they were in hospital one of the nurses had phoned three times to see how they were.

- A relative told us "we can visit whenever we like and are always made to feel welcome. We are offered tea and coffee and we can always ask for extra things from the kitchen".
- One staff told us "the new manager had changed the culture of the home for the better" another said, "Its great now, we are encouraged to spend time sitting with people and talking to them, I love that part of my job the best you really feel that you are making a difference when you spend time quality time with people".

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

- People were treated fairly regardless of age gender or disability. Staff had time to care for people in a personal way and took the time to support people at a pace that was appropriate to them
- Where people were unable to communicate their needs and choices staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to understand what people needed. This was an area that had improved since the inspection on 4 and 6 December 2018 and some staff told us this is because they had undertaken training in effective communication.
- Staff listened to people's views with patience and care and ensured they were involved in day to day decisions about their care as much as they were able.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff treated people as individuals and knew them well. Independence was promoted and maintained as much as possible, whenever possible. Staff told us how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care.
- Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy
- People were enabled to be as independent as possible and recently updated care records documented the parts of tasks people could complete by themselves. This reduced the risk of people being over supported and losing the skills they still retained. For example, one person told us how they use their mobility scooter to go to the shops most days to purchase items of foods and to browse the shops

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspections on 4 and 6 December 2018.

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

People's needs were not always met. Regulations may or may not have been met.

- We previously inspected the service on the 4 and 6 December 2018 and this key question was rated 'Inadequate'. This is because people did not always receive the care and treatment to meet their assessed needs or which reflected their preferences. The provider had also failed to operate an effective system for identifying, receiving, recording and responding to complaints. There were breaches of Regulations 9 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- On 7 May 2019 inspection the registered manager had an action plan to address the concerns raised at the previous inspection. Staff had received training and progress was being made in the review and updating of all care plans. The provider had implemented a complaints process. Action had been taken to address the breaches of regulation 9 and 16 of the health and Social Care Act 2008(Regulated activities) Regulations 2014 and these were now met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans did not yet reflect personalised care in line with people's needs and preferences. The registered manager had begun to review, and update people's care plans. There were variable standards of care plans in place because some had been updated. Those that had been updated were of a better quality than those that had not yet gone through this process. There was a process in place to review and update all care plans by 30 June 2019. This meant that staff were following two different standards of guidance, and the information contained in them was not always of value.
- Retrieving some of the information contained within the recently updated care plans was sometimes difficult. This was because the care plans were hand written which meant guidance was not always clear.
- People did not feel involved in the review of their care plans and some did not show an awareness of their care plans "One person said that they were unsure about their care plan, another said "I am not aware of my care plan". Relatives said that they had not been involved or made aware of their relative's care being reviewed or updated. One person said, "the previous manager did the care plan but there has been no review" and another said, "There has never been a formal review of (name) care plan, but day to day communication is now excellent".
- The registered manager told us that they had recently introduced a "resident of the day". This meant that once a month this person care plan would be reviewed and updated with the person. This had recently been introduced and not everyone had had the opportunity to participate in this yet.
- Where care plans had been updated they included clear information about the support the person required to meet both their physical and emotional needs. The registered manager told us they were working with staff to make the care plans more person centred and to include more detail about what is important to the person and their likes and dislikes.

- We observed that information in recently updated care plans being transferred into practice. Staff told us that they had a better understanding of the detail in care plans because they had been involved in updating them.

- People who had participated in the 'resident of the day' said that this had been a good experience for them. One person told us how they had chosen to go to the café on the Pier for an ice cream, another said that they had chosen to have their favourite meal which was cooked for them at the service. Staff said enabling people to get out more had a positive impact on people's wellbeing. It had also given them the opportunity to talk to other people and share stories about their day. Staff said that they really enjoyed spending quality 1-1 time with people one said, "it's such a special time".

- People had the opportunity to participate in activities. People told us that there had been an improvement in the activities available since the registered manager started. They said that there were more things being offered, one said "a creative arts group come once a fortnight to do 1:1's based on people's hobbies and interests" another said that they really enjoyed staff reading out loud from local and national newspapers. One person said, "This is so important to me. I like to know what is currently happening. The staff also put the news on the TV for me. I am so happy about the birth of our Royal baby. Beautiful."

Improving care quality in response to complaints or concerns

- Since the last inspection the provider had implemented a complaints procedure. This was accessible and held within the office. People and their relatives had access to the policy and knew who they could raise a concern or complaint. None of the people we spoke with as part of this inspection said they had raised any formal complaints.

- There was a concerns, complaints and compliments procedure. This detailed how people could make a complaint or raise a concern and how this would be responded to. Records demonstrated concerns had been thoroughly investigated and responded to. People and their relatives had access to the policy and knew who they could raise a concern or complaint.

- People told us that since the registered manager started they felt more confident to raise a complaint and felt that they would be listened to. One person said "About 18 months ago I had staff at night who was rough, her nails cut into me. I told them and was made to feel like I was making it up, now I would go to the (new manager name) any time" another person said "I did have a word with the manager. The care team had said no hoisting at night, but I slip down the bed. I need to be pulled back up. It's been sorted"

End of life care and support

- There were systems and processes in place to support people with end of life care and treatment. At the time of the inspection one person was receiving palliative care and ten people were registered with the End of Life Care Hub (ECHO). This is a service for people approaching the end phase of their life.

- Documents to record the arrangements, choices and wishes people may have for the end of their life were made available to people and their families for completion, should they choose to do so. Where known, people's wishes were recorded, and families were involved as appropriate.

- Systems ensured people who did not wish to be resuscitated when this had been formally agreed with them, or in their best interests, by a medical professional and appropriate others, were known to staff. This meant people were able to die with dignity. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation. Care staff knew which people had DNACPR's so that people's wishes were known and respected.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspections on 4 and 6 December 2018 and 10 January 2019.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

- We previously inspected Sussex Clinic on 4 and 6 December 2018 and 10 January 2019. This key question was rated as 'Inadequate' at both inspections. We identified serious failings in assessing and monitoring the quality of the services provided and that records were accurate and complete. The service was not well led and had been without a registered manager since June 2017. The provider had failed to notify CQC of relevant incidents that affect the health and safety and welfare of people using the service. There were breaches of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and Regulations 18 and 33 of Care Quality commission (Registration) Regulations 2009

- On 7 May 2019 inspections conditions placed upon the providers registration had been complied with. Some improvements had been made to the leadership and management of the service. This is because the registered manager had action plans to address concerns identified at the previous two inspections. Regulation of 33 of Care Quality commission (Registration) Regulations 2009 had been met. This was because a manager had been appointed on the 12 February 2019. At the inspection they were undertaking the process of registering with CQC. Subsequent to this inspection this person became the registered manager for the service on 5 June 2019.

- There was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because processes implemented to assess the quality of services had not yet been imbedded into the culture of the home for their effectiveness to be known. The provider had not always notified CQC of relevant incidents that affect the health and safety and welfare of people using the service. This was a continued breach of and Regulations 18 of Care Quality commission (Registration) Regulations 2009.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Aspects of leadership and management did not consistently assure quality and safety measures were robust. There was not an adequate process for assessing and monitoring the quality of the services provided and that records were accurate and complete.

- At the last inspection it was identified that the provider needed to strengthen the auditing system. At this inspection there had not been significant changes made in relation to this. For example, the registered manager and nominated individual (NI) acknowledged that systems used to review the environment could follow a more robust and consistent process.

- Following the inspection on 4 and 6 December 2018 and 10 January 2019 urgent conditions were imposed

upon the providers registration. The provider was required to instruct an independent safeguarding consultant to provide support and training on safeguarding practices to all staff and to audit and review accident and incident records. The provider was instructed not to admit any new people to the service until 6 February 2019. Between 6 February 2019 and 9 July 2019, the provider could not admit more than one new person every 10 days up to a maximum of 31 people living at Sussex Clinic.

- On the 7 May 2019 the provider had met the urgent conditions placed upon their registration. All staff had received safeguarding training from an independent safeguarding consultant and audits of accidents and incidents had been completed. There had been no new admissions to the service.
- In response to some urgent action we asked the provider to take, an external consultant had undertaken a review of safeguarding practices and accident and incidents records. The outcomes from this were clearly set out in an action plan produced by the consultants in January 2019. The registered manager and nominated individual told us that actions identified by the consultants had not been considered. The provider had not ensured a process to address the actions and It was unclear how these records would be used to drive improvement. The nominated individual told us that this was an area they would address immediately.
- The registered manager had recently implemented a system to monitor accident and incidents. However, management oversight had not been effective at identifying issues found at this inspection. Incidents and accidents had not been fully analysed to provide effective learning. Some forms we viewed had not been fully completed and some did not have management sign off. The registered manager told they were not able to fully review accidents and incidents as often as they would have liked. They said that this was because of the volume of work required by them to improve the service This is an area they said they planned to improve, and to support this they told us they were in the process of appointing a deputy manager.
- Records were not always updated after accidents occurred. People needs were therefore not always appropriately reviewed with relevant information. Systems and processes for reviewing accidents and incidents were not fully embedded into practice and this was an area that required improvement.

There was not an established process for assessing and monitoring the quality of services provided and that records were accurate and complete. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated activities) Regulations 2014. Good governance.

- Services are required to notify CQC of important events by law. At the inspections on the 4 and 6 December 2018 and 10 January 2019 a total of 16 incidents were identified that the provider had failed to notify CQC about. At this in inspection we were not always notified about some accidents and incidents. This included two allegation of neglect that were being considered by the local authority safeguarding and a medicines error.

The provider had failed to notify CQC of relevant incidents that affected the health and safety and welfare of people using the service. This was a continued breach of Regulations 18 of Care Quality commission (Registration) Regulations 2009. Notification of other incidents.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People provided positive feedback regarding the quality of care they received. People told us staff were caring and looked after them well. People told us "the manager is very good. You can talk to her about anything", another said "the staff are much happier, it makes the atmosphere much nicer". A relative told us, "the new manager seems very good, let's hope this one stays, everyone seems so much happier".
- Staff spoke highly of the registered manager. Staff told us that there was an improved and positive working

culture and the registered manager had begun to make them feel empowered and valued. One staff said "everyone is so much happier in their work". We observed a pleasant and friendly atmosphere among the staff and management team.

- The registered manager told us that they had prioritised reviewing and updating peoples care plans and risk assessments. This was reflected in the managers action plan and we saw improvements in staff practice and in peoples care records.
- The provider had notified people of the previous inspection report and provided opportunities for people to discuss any concerns they might have. People told us that the registered manager had been open and transparent about the inspection reports and had spoken about it to them. Staff said that the new manager had shared action plans with them and they were all committed to achieving improvement.

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

- Processes were in place to gather feedback from people. These included surveys and meetings. For example, on the day we inspected a service user and relatives meeting was held. This was very well attended. Relatives told us that this had been the first meeting since the 'Inadequate' CQC report had been published. The meeting was attended by the registered manager and new nominated individual. We observed people and their relatives openly sharing their care experiences and their views and opinion about the service and the CQC report. The registered manager listened to people's views and experiences and offered actions to address their concerns.
- Regular team meetings were held, and staff told us that they felt able to express their views.
- When referrals to other services were needed, we saw that these referrals had been made. The service was also working with the local authority's Care and Business Support team (CABS). CABS work with services to improve their service delivery and quality and ensure safe care. The registered manager and staff told us that the CABS team had been helpful with the advice and support they were providing
- The registered manager and staff gave us examples of the effective ways they had worked with other health and social care professionals. For example, through joint working with the local authorities moving and positioning advisor, people had been individually assessed for their own hoist slings.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC of relevant incidents that affected the health and safety and welfare of people using the service.

The enforcement action we took:

You are required to become compliant with Regulations 18 of Care Quality Commission (Registration) Regulations 2009 by 9 September 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	People were not always protected from abuse and improper treatment as the provider had failed to identify and report safeguarding incidents.

The enforcement action we took:

You are required to become compliant with Regulation 13, section (1)(2)(3) of the Health and Social Care Act 2008(Regulated activities) Regulations 2014 by 9 September 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have a robust process to ensure the proper and safe management of medicines. There was not an established process for assessing and monitoring the quality of services provided and that records were accurate and complete.

The enforcement action we took:

You are required to become compliant with Regulation 17, section (1)(2)(a)(b)(c)(e)(f) Good governance, of the Health and Social Care Act 2008(Regulated activities) Regulations 2014 by 9 September 2019.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Regulations 2014. Safe recruitment checks were not always followed to ensure fit and proper persons were employed.

The enforcement action we took:

You are required to become compliant with Regulation 19 section (1)(a)(2)(5) Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 by 9 September 2019.