

SHC Clemsfold Group Limited

# Horncastle Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 12 and 13 April 2018. This was a comprehensive inspection and it was unannounced.

Services operated by the provider had been subject to a period of increased monitoring and support by commissioners. As a result of concerns raised, the provider is currently subject to a police investigation. We used the information of concern raised by partner agencies to plan what areas we would inspect and to judge the safety and quality of the service at the time of the inspection. Between May 2017 and April 2018, we have inspected a number of Sussex Health Care locations in relation to concerns about variation in quality and safety across their services and will report on what we find.

Horncastle Care Centre is a care home that provides nursing and residential care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Horncastle Care Centre is registered to provide nursing and accommodation for up to 20 people who may have a learning disability, neurological conditions, physical disabilities and other complex health needs. At the time of our inspection there were 19 people living at the home. Accommodation is provided across two units called Willow Lodge and Maple Lodge. Each unit has a separate living room, dining room and kitchenette. Rooms were of single occupancy and had en-suite facilities. The home offers the use of specialist baths, a spa pool and physiotherapist.

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

Some features of Horncastle Care Centre had been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. This includes involving people and their families and taking into account their preferences, providing access to the local community amenities and ensuring people had access to routine medical screenings. However Horncastle Care Centre is a large clinical setting, split into two units. It is in a geographically isolated area rather than a small-scale home environment with easy access to local amenities and services. The design and layout of the premises meant that people could not always move independently around the service without support from staff.

The service did not always demonstrate the correct action had been taken after an incident had occurred including whether it had been shared with the local authority safeguarding team for their review. We found inconsistencies within how risks were being managed on behalf of people.

There were missed opportunities to provide staff with essential training to assist them in carrying out their role and responsibilities. Systems were not always effective in measuring and monitoring the quality of the service provided. There were ineffective systems in place to drive continuous improvement.

People's consent to care and treatment was gained in line with the requirements of the Mental Capacity Act 2005 and people were treated with dignity and respect. Care records were accessible for the people being written about and they reflected people received personalised care that met their needs. We observed people enjoyed the activities they were offered. Staff received supervisions and appraisals and they found the registered manager's approach supportive.

People were provided choices on a daily basis regarding what food they ate and clothes they wore and complaints were managed effectively. The provider sought feedback from people and their relatives regarding the care received.

The registered manager had sought information about the new Key Lines of Enquiry (KLOE) which the Commission introduced from 1 November 2017. They were keen to improve the quality and safety of care provided to people living at the home.

At this inspection we found the service was in breach of five of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We imposed conditions on the provider's registration. The conditions are therefore imposed at each service operated by the provider. CQC imposed the conditions due to repeated and significant concerns about the quality and safety of care at a number of services operated by the provider. The conditions mean that the provider must send to the CQC, monthly information about incidents and accidents, unplanned hospital admissions and staffing. We will use this information to help us review and monitor the provider's services and actions to improve, and to inform our inspections.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Staff had received training in safeguarding adults at risk. However, incidents had not always been shared with partner agencies including the local authority safeguarding team for their review.

Risks were not always managed safely on behalf of people.

There were sufficient staff on duty to meet people's needs.

Medicines were managed safely.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff did not always attend training specific to the needs of the people they were supporting.

The provider had not considered adaptations to premises which could assist people in moving around from one area of their home to another.

The provider worked in accordance with MCA legislation.

People were supported to have sufficient to eat and drink and people's individual physical needs were met by the adaption of the premises.

### Is the service caring?

**Good** ●

The service was caring.

People received care from staff who were kind and caring. Staff promoted people's rights to choice, privacy and independence.

People were consulted and involved in decisions about their care.

### Is the service responsive?

**Good** ●

The service was responsive.

People received personalised care which was responsive to their needs. Activities were provided and people had opportunities to make suggestions about this.

People's views and concerns were listened to and acted on. The service had a complaints procedure and complaints were acted on and complainants responded to.

Whilst there were no people in receipt of end of life care staff training and care records showed the service had policies for such care.

### **Is the service well-led?**

The service was not consistently Well-led.

There was a lack of effective and robust auditing systems to identify and measure the quality of the service delivered to people.

The staff complimented the hands on approach used by the registered manager and appreciated the support they provided.

Relatives were asked their views on the care provided to their family members and spoke positively about the support they received.

**Requires Improvement** 

# Horncastle Care Centre

## Detailed findings

### Background to this inspection

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

This inspection took place on 12 and 13 April 2018. The first day was unannounced and the inspection team consisted of two inspectors, a specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included learning disabilities and people with complex health needs. The second day of inspection consisted of two inspectors and the same specialist advisor. The specialist advisor had specialist clinical experience in supporting people with a learning disability, autism and/or complex health needs.

Prior to the inspection, we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. The provider had also completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with four people who lived at the home to gain their views of the care they received. We also spent time observing the care and support that people received during the morning, at lunchtime and during the afternoon over both days. We spoke with one registered nurse and the deputy manager, who was also a registered nurse. We talked with two care staff, the registered manager, the area manager and the chef.

During the inspection, we also observed medicines being administered to people. We reviewed a range of records about people's care which included eight care plans. We also looked at three care staff records which included information about their training, support and recruitment record. We read audits, minutes of meetings with people and staff, policies and procedures, accident and incident reports, Medication Administration Records (MAR) and other documents relating the management of the home.

# Is the service safe?

## Our findings

Staff had been trained in safeguarding adult procedures. However, the training received was not always implemented in practice. Accidents and incidents were recorded. However, some incidents had not been shared with the local authority West Sussex safeguarding team for their review. For example, one allegation of neglect had been investigated internally by the registered manager using the provider's complaints procedure. Records showed how the registered manager had spoken with staff members and the person's representative and concluded no harm had occurred. However, it is the responsibility of the local authority to decide whether an incident meets the threshold for a safeguarding enquiry, not the provider. We shared the incident with the local authority after the inspection. Another incident described how staff failed to communicate effectively when supporting a person who received one to one care. The person experienced a fall. Whilst the person did not suffer any injuries, the internal investigation had recognised improvements were needed regarding how staff communicated to each other to minimise any further risks. This incident had not been shared with the local authority. A third incident involving a person was in the process of being reported to the West Sussex safeguarding team by the registered manager. They told us they were informed of the concern on 6 April 2018 and records confirmed the actions they had taken to minimise further risks to the person involved. They also told us the information was in the process of being reviewed by the providers safeguarding lead. The report was not shared externally with the local authority until 11 April 2018. We discussed both incidents with the registered manager and area manager and the need to report matters in a timely way. The failure to recognise incidents which needed to be escalated to external health and social care professionals meant there had been missed opportunities to ensure people were consistently protected from risk of harm. It had not ensured an open and transparent review of allegations of abuse or neglect in order to protect people's rights. This was particularly concerning as, since July 2017, we have highlighted at several other services operated by this provider a failure to consistently report safeguarding concerns externally in line with local procedures. Therefore improvements were needed to safeguarding procedures to ensure lessons had been learnt.

The above evidence shows that the provider failed to ensure systems and processes protected people from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2014.

A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. We identified inconsistencies within how risks were managed and recorded on behalf of people.

For example, one person had a diagnosis of Huntington's Disease. Huntington's Disease is an inherited condition that damages certain nerve cells in the brain. The brain damage gets progressively worse over time and can affect movement, memory and behaviour. The person required a wheelchair for their mobility needs and was fully reliant on staff to support them with all aspects of their care. The care plan described the level of support they required to keep them safe. The staff team had also completed a hospital passport. This is a document which is used to give to hospital staff if there is a need for the person to be admitted to hospital. Current information in relation to the person's needs had not been transferred and updated into the hospital passport. For example, the person now received all their nutrition, hydration and medicines via

a percutaneous endoscopic gastrostomy (PEG) feeding tube. A PEG allows nutrition, fluids and medicines to be put directly into the stomach, bypassing the mouth and the throat. However, the hospital passport referred to the person eating and drinking orally. This meant if the person was admitted to hospital with their hospital passport containing incorrect information, they would be at risk of being given food and drink incorrectly placing them at risk of harm.

We sampled care records relating to another person who received all their nutrition and hydration via a PEG tube. They were reviewed by a dietician in February 2018. The dietician had recommended an amount of fluid to be given to the person via their PEG daily. Fluid charts were completed daily by staff on behalf of the person. However, the recommended daily target amount of fluid was not entered on the fluid chart to guide staff accordingly. The charts we sampled did not indicate the person was being given the recommended amount of fluid. The guidance provided by the dietician had not been transferred into the person's care plan. If staff had not read the review document completed by the dietician they may not have been aware there was a recommended amount of fluid to be given to the person each day to ensure they remained well hydrated. This meant there was a risk the person's hydration needs were not being met. We highlighted this concern to the registered manager and area manager for their review.

Another person had been diagnosed with epilepsy. Their epilepsy care plan clearly assessed the support the person required when they were experiencing seizure activity. The care plan directed staff to record all seizure activity within their daily notes and their 'epilepsy record chart'. During the inspection we observed staff supported the person sensitively whilst they had a seizure. We checked the person's care records the next day to see how staff recorded the support they had given. There was no entry regarding the epileptic seizure we had observed the previous day within the person's daily notes or epilepsy record chart. We also read in the person's daily notes, the person had suffered a further three seizures the same afternoon. This information had been recorded in daily notes, however, not transferred onto the epilepsy record chart. We checked the handover document used by staff at the beginning of each shift. There was no information relating to the seizures the person had experienced recorded within the document. The same person was prescribed emergency rescue epilepsy medicines. We read the guidance available for staff on when to administer emergency rescue epilepsy medicine to them. The guidance stated it was reliant on the amount, times and lengths of all seizures to enable staff to make an informed decision on when to administer this medicine. Therefore, the gaps within records we identified placed the person at risk of not receiving their medicines as prescribed and not having their epilepsy needs met. We fed this back to the area manager and registered manager.

One person was reliant on staff to support them with all their moving and transferring needs. Their care plan stated they required repositioning by staff every four hours including throughout the night as they were at risk of pressure damage to their skin. The registered nurse could not confirm the person was supported to move every four hours. Care notes held some information yet it was inconsistent. They failed to demonstrate whether the person was having their moving and handling needs met in accordance with the guidance within their care plan and to assist them in maintaining a healthy skin condition. We raised this concern with the management team who reviewed the records in place. We have highlighted the failure to demonstrate consistency within care records when monitoring people's health conditions, at several other services operated by this provider prior to this inspection.

The above evidence demonstrates that not all was reasonably done to mitigate risks to service users. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to the concerns we raised and took action to minimise any further risks to people. This included sharing all accidents and incidents discussed with the local authority safeguarding



team. They also contacted the dietician to request they reviewed the support people were receiving with their hydration needs. Shortly after the inspection, the registered manager wrote to us to say they had met with the dietician and reviewed all people who had specific hydration requirements to ensure their needs were being met. However this had not been proactively highlighted by the provider or registered manager before these matters were pointed out at the inspection.

We spoke with registered nurses who were based at Horncastle Care Centre, working at the time of the inspection. They confidently discussed how they administered medicines to people. Registered nurses were knowledgeable as to the reasons why people had medicines prescribed to them, any known side effects and what to do in the event of any concerns. The recording system included a photograph of the person and information that was pertinent to them, this included any known allergies. Tablets were dispensed from blister packs and medicines administered from bottles or boxes were stored and labelled correctly. We observed that the Medication Administration Record (MAR) was completed on behalf of each person by the registered nurse on duty, when they took their medicines. Oral medicines were administered by registered nurses only. People told us they were happy with the way they received their medicines. One person said, "Yes three little pills, they (staff) put them down and I take it".

Guidance was provided for staff when administering "When required" (PRN) medicines. Care staff were supported by the registered manager and other registered nurses using observations. This assessed their competency before performing their tasks independently within areas such as moving people safely. This also included registered nurses and more experienced staff supporting new staff on how to apply prescribed topical creams. Topical creams, such as skin barrier creams to prevent pressure wounds, are prescribed medicines which are often applied when a person receives their personal care. Support was provided from registered nurses and the registered manager to new care staff with the administration of topical creams. Body maps and associated guidance highlighted for care staff when, where and how much cream to apply to a person. Records were completed to demonstrate they had been applied as prescribed. Care staff were able to tell us how they applied topical creams safely and effectively and if they had any concerns they would highlight them to one of the registered nurses.

We also found examples of risks being managed appropriately relating to the premises and equipment; these were monitored and checked to promote safety. Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Gas and electrical safety was reviewed by contractors to ensure any risks were identified and addressed promptly. Fire equipment such as emergency lighting, extinguishers and alarms were tested regularly by the provider's maintenance engineer to ensure they were in good working order. Records confirmed that maintenance staff attended immediately when contacted by staff to repair damage, which ensured people were protected from environmental risks. Other service checks such as hoist equipment, wheelchairs and legionella checks were managed effectively through prompt and regular servicing.

There were enough staff working across each of the two units. A person told us, "I feel fine here, plenty of people around". Another person told us when they rang their call bell staff, "Come quite quickly". Another person said, "I love this place it's like a five star hotel". The provider used a dependency tool to ensure there were enough staff on duty. In addition to nursing and care staff the provider employed the support of a physiotherapist, activity co-ordinators, an administrator, a chef and other domestic staff and maintenance staff including drivers to support people. We observed people's needs were responded to in a timely manner and care provided was not rushed. Staff had opportunities to sit with people and chat outside of personal care tasks.

Staff recruitment checks were robust and thorough. Staff were only able to start employment once the

provider had obtained suitable recruitment checks. This included; two satisfactory reference checks with previous employers and a current Disclosure and Barring Service (DBS) check. Staff record checks included validation PIN number for all qualified nursing staff. The pin number is a requirement which verifies a nurse's registration with the Nursing and Midwifery Council (NMC). This process ensured as far as possible, that staff had the appropriate values, skills and experience to meet people's needs.

Horncastle Care Centre had a safe and clean environment. Equipment was seen to be readily available that promoted effective infection control such as antibacterial hand wash, disposable gloves and clinical waste bins. One person told us there was, "Cleaning every day, hoovering and polishing". Another person told us staff, "Always have gloves on".

## Is the service effective?

### Our findings

People living at Horncastle Care Centre had various needs and diagnosis. The provider's website described what each unit offered, 'Maple Lodge has been designed for adults with acquired brain injury and neurological conditions while Willow Lodge provides care for young adults with learning and physical disabilities'. The website also stated, 'Each bungalow specialises in providing care for adults with complex needs.' However, at this inspection we found care staff had not been provided with all the necessary training relevant to the specific needs of the people they were supporting.

The provider had its own training academy. The training academy facilitated a rolling training programme throughout each year. Some training sessions were face to face sessions, whilst other courses staff were able to achieve through an on line process or with the use of a workbook. We read the extensive list of training courses the training academy offered throughout 2017 and 2018. We were told, and training records confirmed, the registered manager and registered nurses had attended training courses relevant to the specific needs of people. However, the same practice had not consistently been applied when organising the training for care staff. Care staff had routinely attended training on some courses such as safeguarding and health and safety yet we found gaps in relation to training courses in relation to people's health conditions or diagnosis. The registered manager and area manager told us care staff did not routinely get offered or attend training on the subject of acquired brain injury and other neurological conditions. Records sent to us shortly after the inspection confirmed ten care staff out of 22 still needed to attend this course.

We met with and observed care provided to people with a learning disability. Whilst we observed people were supported compassionately, 14 care staff still needed to attend learning disability training. Staff who had completed Huntington's Disease training told us how it had supported them to understand the person better. However, 10 care staff still needed to attend and complete the course. Records showed ten staff were working at the home who had not attended epilepsy training. This was specifically relevant as one person had complex needs associated with their epilepsy and were reliant on care staff to record their observations in detail when they experienced a seizure.

We discussed our findings with the registered manager and area manager. At other locations of the provider, we had already identified this as a concern, that is, where staff had not consistently attended training in relation to people's diagnosis. Therefore this was an area which required improvement to ensure all staff were given the appropriate support and learning and opportunities to carry out their role and responsibilities effectively.

The above evidence showed that staff had not always received appropriate training to enable them to carry out their duties they are employed to perform. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they agreed that all care staff should attend training specific to people's needs. They also told us and provided information on how, prior to the inspection, plans they had put in place to ensure all staff including care staff attend all the necessary training. The registered manager told us

they had been informed this had been highlighted at other inspections at homes owned by the same provider and they had started to address this. Shortly after the inspection, the registered manager wrote to us. They told us the action they were taking regarding specific training. They informed us all staff would have completed all the necessary training by 30 May 2018. This included learning disability training, Huntington's disease training and Acquired Brain injury and neurological conditions training.

Most people living at the home needed a wheelchair for their mobility. Corridors and doorways were wide enough for people who used wheelchairs. However, for people who were able to manoeuvre themselves around and propel their own wheelchairs they were unable to do so without asking a staff member to help them. One person told us, "I can't open the doors if it's closed in the lounge. I am stuck here. I have to press the bell to get out". Another person said, "I have to ring the bell to get out of my bedroom if the door is shut". A third person said, "I can go up to the doors and try and open them myself or use the call button to get out of my room". We spoke with another person who was unable to gain access easily to their patio area next to their bedroom. They told us, "I can't get out there is no ramp and there is a little bit of a lip to get over to get outside". We discussed the feedback with the registered manager and area manager as premises must be suitable for people living in them. The provider had missed opportunities to adapt and design the home to meet all people's physical needs. They had failed to make reasonable adjustments to ensure all people could find their own way around their home independently.

The above evidence shows that the provider was unable to demonstrate that they had made reasonable adjustments to the premises in accordance with the Equality Act 2010 and other current legislation and guidance. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and area manager told us they would consider how they could improve access for people. They said they would discuss what could be installed to support people to move freely around their home. They told us the provider had employed a new estates manager who may have suitable suggestions and ideas. Where required, bedrooms were equipped with an overhead tracking hoist to assist with safe moving and handling. Some signage was in use, for example, pictorial signs were displayed on doors to toilets and communal areas to assist people with their orientation in the building.

Staff told us they appreciated the support they received from the registered manager and wider provider. One staff member told us they were excited about the possibility of completing their nurse training with the organisation. Staff also received regular formal supervision and appraisal opportunities. A system of supervision and appraisal is important in monitoring staff skills and knowledge. Staff meetings took place every 6-8 weeks and minute's demonstrated staff were provided with opportunities to discuss all matters relating to the home. This included changes in people's needs and other changes such as best practice guidance and legislation. For example, the registered manager had held two staff meetings the day before the inspection. Items on the agenda included discussions about what to record within handover documentation and in relation to people's bowel charts. One staff member told us there was, "Good teamwork".

Consent to care and treatment was sought in line with legislation 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. The application procedures for this in care homes and hospitals are called

the Deprivation of Liberty Safeguards (DoLS).

We checked that the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care records showed how consent from people had been obtained and capacity assessed thoroughly and where deemed necessary a DoLS application completed. The registered manager confirmed seven out of 19 people had an authorised DoLS in place. They were waiting on a further six application decisions from the local authority. Six people were assessed as having capacity to make decisions for themselves regarding their own care.

Training records confirmed staff had attended training in both MCA and DoLS. Staff were able to share some knowledge on the topic and provided assurances they were aware of its importance. For example, one person had capacity to make decisions surrounding food choices at mealtimes. The staff team supporting them had assessed there were choking risks associated to some foods they chose to eat. Staff managed this by providing the person with information to make an informed decision about their choice of food. With the person's consent, staff supported them at mealtimes to ensure they would be able to respond in the event of a choking incident. One staff member told us they had attended training and said, "Some people have the mental capacity to make decisions here".

The provider carried out assessments regarding people's physical, mental health and social needs prior to them moving into Horncastle Care Centre. However, they did not always utilise this information in how risks were managed effectively and safely over a period of time. The initial assessment processes in place considered certain protected characteristics as defined under the Equality Act. For example, people's religion and disability.

People were supported to have enough to eat, drink and maintain a balanced diet taking into account individual needs. One person said, "Very good, maintain high standards, it is tasty". There were allocated kitchen and domestic staff employed to prepare meals for people. The chef told us he attended specialist training to ensure he was knowledgeable about people's needs such as those at risk of malnutrition. The chef and staff team provided people with choices and responded to people if they changed their mind about what they wanted to eat. For example, a person approached the chef whilst we were talking with them and told them they wanted a different option for dinner to what they had originally chosen. The chef was more than happy to accommodate the change and described to the person a list of alternatives. One person said there was, "Very good" 'choice this evening I'm having a toasted sandwich' 'I don't fancy a meal'.

Meal times were a busy period in both areas of the home and we observed staff support people to eat using a sensitive and discrete approach. All staff were aware of any specialist diets including any allergies people had and adjusted the menu accordingly. There were people living at the home who could not manage to eat and drink orally and had enteral PEG feeding tubes as discussed in other sections of this report. We observed nurses support people who received food and fluid this way with confidence.

People told us they had access to health and medical professionals when they needed. GP's visited the home routinely and any changes to people's health needs were discussed and any actions to support people carried out. One person told us they have, "Regular check-ups, am able to go to the dentist". They added, "Staff take me which is really useful in the van they have also got two adapted cars". Care plans we looked at reflected the involvement of health care professionals and people had been referred to specialists and consultants when needed. We noted people with a learning disability had attended Annual Health Checks in line with current guidance. The Annual Health Check scheme is for adults and young people aged 14 or above with learning disabilities, who need more health support and who may otherwise have health conditions that go undetected. Where people required support from the provider's physiotherapy staff, their

needs had been appropriately assessed and recorded.

# Is the service caring?

## Our findings

The staff including the registered manager treated people with kindness and respect. We observed staff spoke to people in a polite, friendly and caring way. This included smiling to people as they asked them how they were, asking them how they wished to be assisted and intervening when people were in discomfort or needed help with something. One person said the staff were, "Hard working can't do enough for you".

People confirmed staff were kind and caring. People we spoke with said staff treated them with dignity and respect and promoted their privacy. One person said, "They treat me with compassion every single time they ask me to do something". Another person told us, "Can't really fault anything about the care". Another person said, "There is so much care to the residents, shows itself all the way through".

People's care plans showed each person was treated as an individual. Communication needs had been assessed and there was evidence to show people's rights to leading a lifestyle of their choice was promoted. One person told us, "Yes. I can go outside into the garden. I can go on my own if I wanted to". Details about the times people preferred to get up and go to bed were recorded along with other daily lifestyle choices such as their religious or faith choice. The care plans were personalised and showed how people liked to be supported with personal care and those areas of care they could do themselves so they could maintain their independence. We have discussed how the provider had failed to promote people's independence further due to a lack of adaptations to the premises in the Effective section of this report.

We observed people were consulted when staff assisted them with daily routines. Staff told us how they encouraged people to be involved in their care and promoted their independence. This included when they were supporting a person with washing themselves and choosing their own clothes. A staff member told us, "[Named person] can feed themselves, however when they are struggling I will step in". This meant the staff member considered the person's feelings before taking over and it doing for them.

Staff demonstrated they had values of treating people as individuals who had a right to a good standard of care. For example, we observed one person who had a physical disability, receive a telephone call. The staff member supporting them held the telephone to the person's ear and mouth so they could speak with the person on the other end of the call. The staff member did so with sensitivity. The registered manager said people were able to choose the gender of the care staff who would be providing personal care to them; a record of this preference was made on people's care records. We observed staff knocked and waited before entering people's rooms. One person told us they didn't used to but now they, "Knock on the door before they come in".

Resident meetings and care plan reviews provided people and their relative's opportunities to discuss what was important to them. Resident meetings placed a specific importance on gaining feedback on the activities offered and provided at the home. The registered manager confirmed people's relatives are supported to be involved in the home with no restrictions on visiting times.

## Is the service responsive?

### Our findings

Care records demonstrated people's needs were assessed before they were admitted to the service. The care plans were individualised and showed people's physical health, personal care and social as well as psychological needs had been taken into account. There was a 'Life story' completed on behalf of each person which gave staff a social life history of the person. This included the person's preferences, their likes and dislikes. The document gave the reader a sense of who the person was prior to them moving into the home, including what occupation they had undertaken. Staff had taken the time to establish what family and friends were important to each person and who was involved with their care.

Care records included the involvement from the person and their representative, such as a relative. The registered manager told us, "What we do well, is comprehensive review meetings". They added they were, "Quite proud of that". They explained they requested detailed reports from all health and social care professionals prior to a care review meeting. This was to ensure the information they discussed was up to date and relevant regarding the care people were receiving. One person told us, "I go to care review meetings once a year".

Staff considered the care plans to be of a good standard and provided them with the information they needed. One staff member told us the care plans helped them to understand people better. They said, "Every person is different. You must know what they need". They added, "The residents dictate to us. Care plans are purely completed with the residents".

The registered manager told us they were always making improvements to the provision of activities for people. There was an activity programme which was displayed for people to see and was given to each person. People had the opportunity to attend sessions held at the home such as music groups and arts and crafts. These were provided by either staff from the home or by staff external to the home. An activities folder was maintained of events attended by people and people were asked to give their views on each activity at resident meetings. We observed activities taking place in the home which people responded to and enjoyed. This included a pottery sensory session which we observed people actively engaging with.

Some people chose not to engage with group activities as this was their choice. Some people preferred their own company and entertained themselves with gardening projects and painting in their own rooms. One person told us they were involved with making decisions about their care and said, "Yes I plan everything. I don't accept anything that's not agreeable to me". However one person said, "In addition to routine activities, people were able to celebrate special occasions such as their birthdays. During the inspection we observed a party taking place complete with a disco. Family and friends, including children were seen dancing and enjoying the festivities.

Horncastle Care Centre is located in rural East Grinstead. We asked people and staff what access people had to the local community. We were told, and records confirmed, people were supported to visit local towns and villages. This included trips to the pub, local restaurants and shops. Some people also attended a local college to support their educational needs. Other people accessed a day centre which was owned by the



same provider.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. Care records included details about people's communication needs. For example, one person used assistive technology in the form of a speech tablet to communicate with others. They were able to tell us, "They loved their home" using their device. A staff member told us how much they enjoyed talking with the person using this system. There were examples of signage in the home to assist those people who responded to pictorial images. The registered manager told us they were aware of the AIS and had explored the use of pictorial images when involving people with their care plans. We discussed the resident meeting minutes with the registered manager. We noted they were presented in a written format which was not necessarily accessible to people living at the home who may be reliant on other forms of communication. They agreed and said they would consider alternatives to ensure the minutes could be understood by everybody where possible.

The registered manager had introduced the National Early Warning Score (NEWS). This is a standardised system for recording and assessing baseline observations of people to promote effective clinical care and timely response to a change in people's needs. For example, it will include a baseline for what a person's temperature, pulse rate and oxygen saturations should be and what actions nurses should take if physiological checks they take are outside of the baseline and a person's health deteriorates further. This was currently being piloted in other locations owned by the same provider, following allegations that people did not have their acute health and medical needs met in a timely way.

Complaints were looked into and responded to in a timely manner. There was an accessible complaints policy in place available for both people living at the home and their relatives. There was a clear log of all complaints and the actions taken by the management team. There were no formal complaints open at the time of our inspection. One person told us they would, "Speak to the manager" if they had a complaint or needed to speak with staff about something. Another person said, "I see the nurse person at the desk, someone always there".

At the time of the inspection, there was no one who was being supported at the end of their life. However, procedures were in place with the GP so that people would receive a comfortable, dignified and pain free death. This included access to pressure relieving equipment and pain relief medicines.

## Is the service well-led?

### Our findings

At this inspection, we found systems to assess and monitor the service were completed. However, the system had failed to ensure a delivery of consistent, good quality care across the service.

For example, the registered manager told us, and records confirmed, they carried out their own internal checks to evaluate the care provided to people. These included a review of accidents and incidents. This had failed to assess and identify the need to ensure all allegations involving the care provided to people were shared with the local authority safeguarding team. This was particularly concerning as the provider is subject to additional monitoring and scrutiny from partner agencies and had failed to recognise the importance of doing so. We have explored this further within the Safe section of this report. In addition, monthly care record reviews had failed to ensure there was clear consistent guidance available for staff when managing risks on behalf of all people. Such as when staff were supporting people with their hydration needs. Environmental risk assessments and checks had failed to highlight some people were unable to move freely around their own home. This was a missed opportunity to promote people's independence.

Prior to this inspection, area managers visited the home monthly. During these visits they spoke with staff and people and sampled records relating to people's care and the management of the home. They would then complete a report for any areas that required improvement and present this to the manager of the home. This system had failed to recognise the areas in need of improvement we found. The registered manager shared with us a new direction the provider was taking regarding how checks on care delivery were made. We met a quality auditor who was undertaking such a check at the time of this inspection. However, areas we identified had been highlighted as areas of concern, prior to this inspection, at other locations owned by the provider. Whilst the management team considered our findings during the inspection, they had failed to pro-actively identify all the issues we found during the inspection despite similar feedback that had been given at other locations operated by the provider.

The above evidence shows that the provider was unable to demonstrate that systems or processes in place operated effectively to ensure compliance with requirements. There was a failure to assess, monitor and mitigate the risks relating to health, safety and welfare of people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager shared with us minutes to a, 'Quarterly Home Managers Quality Briefing' which took place in March 2018. They described a new senior management team and the use of a new internal quality audit tool. The registered manager spoke positively of the meeting she had attended.

Staff complimented the approach used by the registered manager and appreciated she got involved and used a 'hands-on' approach. One staff member said, "I find the manager very warm and very nice. When you have a problem they help". The staff we spoke with told us they understood their role and what they needed to do when supporting people. One staff member said, "We know what we need to do. We help and support each other and we know what is going on throughout the day".

People were positive about the support they received. One person said, "I couldn't get anywhere better than being here". We checked how the provider gained people and relative's views of the quality of care provided. Surveys were sent out monthly from the provider's head office. The ones we read were all positive and demonstrated the staff team adopted an open door policy which helped promote an inclusive atmosphere. One response read, 'We are absolutely delighted with the care that [named person] receives. The staff are fantastic and [named person] is really happy'.

On the 1 November 2017 amendments to the Key Lines of Enquiry (KLOE) came into effect, with five new KLOE and amendments to others that all regulated services are inspected against. The registered manager was aware of the changes and shared with us communications by the provider about how the amended KLOE would impact on location inspections. This included the introduction of a 'Lessons learnt' folder to show what action was taken when things went wrong to drive improvements regarding the quality of care provided to people living at the home.

The registered manager told us they worked alongside other health and social care professionals and partner agencies and were keen for this to continue to benefit the people living at the home. This included the Integrated Response Team who provides advice, training and support for staff supporting people in homes.

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 15 HSCA RA Regulations 2014 Premises and equipment  15 (1) (c) Failure to make reasonable adjustments to premises in accordance with the Equality Act 2010

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 12 HSCA RA Regulations 2014 Safe care and treatment  12 (1) (2) All was not done reasonably practicably to mitigate risks on behalf of service users.

### The enforcement action we took:

Imposed provider level conditions see overall summary

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  13 (1) Service users must be protected from abuse and improper treatment in accordance with this regulation

### The enforcement action we took:

Imposed provider level conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  17 (1) (2) (a) Failure in systems and processes which assess, monitor and improve the quality and safety of care provided to service users.

### The enforcement action we took:

Imposed provider level conditions see overall summary

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  18 (2) Failure to ensure all staff received appropriate training to enable them to carry out their role

### The enforcement action we took:

Imposed provider level conditions see overall summary