

Mrs N Matthews

# Brockenhurst

## 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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 28 February and 1 March 2018 and was unannounced.

Brockenhurst is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation, for up to 38 older people, who are living with dementia and who require support with their personal care needs. On the day of our inspection there were 37 people living at the home. The home is a large property situated in Littlehampton, West Sussex. There are five dual occupancy rooms, where two people share a room and the remaining bedrooms are single occupancy. It has three communal lounges, two dining rooms and a garden. There is a passenger lift so people can access the first and second floors.

The home was the only home owned by the provider, who was also the registered manager. The management team consisted of a registered manager and team leaders as well as an administrative person with a management role. A registered manager is a '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 home is run.

At the last inspection of 17 October 2016 we rated the service as Requires Improvement and served six requirement notices. We asked the provider to complete an improvement plan to show how these requirements would be addressed. The provider submitted an action plan detailing how the requirement notices would be met. We have summarised the requirement notices served following the previous inspection along with of our findings at this inspection:

- ☐ The provider had not ensured the risks to service users were adequately assessed and action taken to mitigate the risks. At this inspection we found action had been taken to address this and care records showed risks to people were assessed and details recorded of action staff needed to take to mitigate the risks. At this inspection we found improvements had been made in this area and this regulation was now met.
- The provider had not ensured medicines were safely managed. At this inspection we found the provider had taken action to meet this and medicines were safely managed although we noted there was a lack of clear guidance recorded for one person who had pain relief on an 'as required' basis. At this inspection we found improvements had been made in this area and this regulation was now met.
- The provider had not ensured staff were trained and supervised in their work including a lack of proper induction. At this inspection we found improvements had been made in this area and staff had access to a range of training and an induction for newly appointed staff as well as supervision. At this inspection we found improvements had been made in this area and this regulation was now met.

- The provider had not ensured people were supported to have a positive dining experience and that action was not always taken to monitor those at risk of losing weight. At this inspection we found improvements had been made in this area. People's weight was monitored and nutritional assessments carried out. People were supported to eat and drink and said they liked the food. We did identify one person who had been assessed as having difficulty chewing and had their meals pureed to assist but this had not been referred for specialist assessment regarding this. At this inspection we found improvements had been made in this area and this regulation was now met.

- The provider had not ensured the requirements of the Mental Capacity Act 2005 (MCA) were being followed. This included a lack of a 'best interests' meeting where one person had medicines covertly administered and a lack of documentation where people had a Power of Attorney appointed to make decisions on their behalf. At this inspection we found improvements had been made in this area and this regulation was now met.

- The provider had not ensured people's care needs were reviewed and updated on a regular basis. At this inspection we found action had been taken to address this and people's care needs were reviewed and updated. We also found at the last inspection that people did not access to meaningful activities and were sometimes socially isolated. At this inspection we found improvements had been made in this area and this regulation was now met.

- The provider had not ensured there was an effective system for assessing, monitoring and improving the quality and safety of the services provided, as well as, the maintenance of records. Whilst we found improvement had been made in this area we found sufficient action had not been taken to ensure adequate health and safety of the premises and people. The provider remains in breach of this regulation.

The inspection team were concerned about the registered manager's way of talking to people which did not acknowledge people's privacy or dignity. Toilets did not have privacy locks on them which people could use and which would allow staff access them in an emergency.

We noted areas of health and safety in the home needed attention. Whilst we noted people had risk assessments these did not include risks to people hitting their head on a beam in two top floor bedrooms. There was also a lack of a risk assessment for people who had access to stairs from the top floor. The provider was not following guidance on checking equipment as set out in the Health and Safety Executive (HSE) publications Health and Safety in Care Homes and Maintaining Portable Electrical Equipment. We also found the provider was not following HSE guidance regarding the management of risks of legionella. We have made a recommendation about this.

The inspection team found the premises were easy to get disorientated in and there was a lack of signage so people living with dementia could orient themselves and find their way around. We have made a recommendation regarding making the environment more suitable for those people living with dementia.

We have rated the service as Requires Improvement and this is the second time in succession we have given this rating.

People and their relatives said the staff ensured people were safe. Staff had a good awareness of safeguarding procedures and were committed to protecting people in their care.

Sufficient numbers of staff were provided. Health care professionals Checks were carried out when new staff were recruited but we noted Disclosure and Barring Service (DBS) were not always carried out prior to staff

starting work; this was rectified during the course of the inspection.

The home was clean and hygienic as well as being free from any offensive odours.

People's health care needs were assessed and met. Health care professionals said staff worked well with them to meet needs such as diabetes and those whose mental health needs were considered to be challenging. Community mental health care professionals said the staff team had been successful in meeting the needs of people with complex needs which had positive results for people's mental well-being.

Staff were kind and compassionate and responded to reassure people who were distressed. Staff demonstrated they were positive in their attitude to people with mental health needs including those living with dementia. Care plans were personalised and staff knew the importance of treating people as individuals. People and their relatives said they were treated well by the staff.

People and their relatives said they knew what to do if they needed to raise a complaint and said any issues or concerns were promptly dealt with.

Health care professionals and relatives described the service as well led. Staff described an open culture where they could discuss issues and concerns. People, relatives and health and social care professionals were able to give their views on the service as part of a quality assurance system. The staff and registered manager worked well with other agencies to meet people's needs. There was a system of audit checks on a number of areas of the service provision so that any trends or need for changes could be identified.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Adequate assessments and action to mitigate the risks to people and others from the environment had not always been carried out. We have made a recommendation about this.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Medicines procedures were safe with the exception of a lack of guidance for one person who had a medicine to be administered on a 'when required medicines.'

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Sufficient numbers of staff were provided to meet people's needs. Checks were made that newly appointed staff were suitable to work in care although we noted DBS checks were not always obtained prior to staff starting work.

The service was clean and hygienic and free from any offensive odours.

There were systems for reviewing incidents and people's needs so that lessons could be learned.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The design and layout of the home was not easy to negotiate. We have made a recommendation about the use of signage in the Res[pensive section.

Improvements have been made regarding the induction of newly appointed staff as well as their training and supervision.

Improvements have been made regarding the provision of food and drink to people. Appropriate support was provided to

**Requires Improvement** ●

people regarding food and fluids although we identified one person who had pureed food due to problems with eating had not been referred for a specialist assessment.

Improvements have been made regarding the assessment of people who did not have capacity to consent to their care and treatment. People's capacity to consent to care and treatment was assessed and staff were aware of the principles and procedures as set out in the Mental Capacity Act 2005 Code of Practice.

Staff worked well with health care services to meet people's health needs.

### Is the service caring?

The rating for this domain had deteriorated. The service was not always caring.

People were not always treated with respect and dignity. Privacy was not always promoted for people.

Staff treated people with kindness and compassion.

People were supported to express their views and were consulted about their care.

**Requires Improvement** ●

### Is the service responsive?

The service was Responsive.

Improvements have been made regarding the recording and review of people's care as well as in the provision of activities. Care reviews now took place. A range of activities were available for people.

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.

The service had links with care services for those who were at the end of their lives. Whilst there were no people in receipt of end of life care staff training and care records showed the service had policies for palliative care.

**Good** ●

### Is the service well-led?

The service was not always well led.

Whilst improvements have been made to assess, monitor and

**Requires Improvement** ●

improve the quality of the services provided we still found a number of areas which had not been identified as requiring attention. These included lack of adequate checks on health and safety in the service. Requirement notices made at the last inspection had been acted on but were not fully complete; this included arrangements regarding support to eating and drinking for one person.

The service's management promoted an open culture where there were good links with other care service to meet people's needs. Staff were supported in their work. There were arrangements so people, staff and health care professionals were consulted about the performance and quality of the service.

# Brockenhurst

## 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 was planned to check whether the provider was 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 28 February and 1 March 2018 and was unannounced. The inspection was carried out by two inspectors 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 service.

Before the inspection we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered 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 information the provider sent us in the Provider Information Return. 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 also looked at information sent to us by the provider following the inspection.

During the inspection we spoke with 11 people and four visiting relatives or friends of people who lived at the home. We spoke with four care staff, the chef, the registered manager and the home's administrative manager.

We spent time observing the care and support people received in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for five people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents, records of medicines administered to people and complaints. We looked at staff training records, staff duty rosters and staff supervision records. We also spoke with a Consultant Psychiatrist, a Community Mental Health Nurse and a Community Nurse who were visiting the service.

## Is the service safe?

### Our findings

At the inspection of 17 October 2016 we found the provider was in breach of Regulation 12 as risks to individual people had not been fully assessed and reviewed. This included risks of falls and the assessment of people being able to use the call points in their rooms. For example, where one person was assessed as not being able to use their call point to ask for help the care plan specified checks needed to be made on the person every two hours. Staff completed a record to show these two hourly checks were carried out. The provider submitted an action plan to confirm that action was being taken to address this. At this inspection we found care records included risk assessments regarding the risk of falls to people and the action needed to be taken to reduce the risk of harm from possible falls. These were completed in detail and were reviewed on a monthly basis. There was a risk assessment summary in each person's room so staff could follow this in order to keep people safe. There were risk assessments regarding the risk of pressure injuries from prolonged immobility using a recognised assessment tool. There was an accompanying care plan where this was identified as a risk, such as repositioning of the person to alleviate pressure on people's skin. Records were maintained to show this guidance was followed. A community nurse commented that the staff and management were good dealing with any skin damage to people. A relative also said the staff and provision of air flow mattresses helped prevent the development of pressure areas. Where specialist equipment was used, such as bed rails or hoists to move people there were risk assessments to ensure people were safe.

Risks of malnutrition were also assessed using a Malnutrition universal Screening Tool (MUST). Staff were trained in dysphagia which is the condition where people are at risk of choking due to swallowing difficulties. Referrals were made to the Speech and Language Therapist (SALT) where dysphagia was identified. Guidance from the SALT was recorded in care plans and was available to staff in people's bedrooms. We noted one person's care plan said they needed a pureed diet but there was no assessment by the Speech and Language Therapist regarding the need for pureed food. When this was raised with the registered manager and a member of staff we were told the person did not have any problems with swallowing and that the staff team had made a decision to provide liquidised food due to the person having some difficulty with their dentures rather than any problems swallowing. We reminded the registered manager that when people are identified as having problems with chewing and swallowing that a referral should be made to the SALT to ensure the person is properly assessed.

At the inspection of 17 October 2016 we found the provider was in breach of Regulation 12 as medicines were not safely managed. This included a lack of guidance for staff to follow when administering 'as required' medicines, staff incorrectly handling medicines and a lack of recording of the location of patch medicines to a person's body so the same site was not used repeatedly. The provider submitted an action plan to confirm that action was being taken to address this. At this inspection we found improvements had been made and medicines were now safely managed. We observed staff handled and administered medicines correctly. Staff recorded their signature on a medicines administration record (MAR) each time they administered medicines to a person. We saw the MARs showed medicines were administered as prescribed. Body maps were used to record the location of any medicines in a patch form. Medicines were correctly stored and there was a system to monitor and ensure medicines were stored at the correct temperature. The use of 'as required' medicines was discussed with the staff and registered manager. The

only 'as required' medicines prescribed were for pain relief for one person. There was no care plan to show when this should be dispensed. A staff member responsible for administering medicines said they would follow the GP's advice about this. There was no record of the circumstances of when the person may need the pain relief, whether they had the capacity to communicate with staff to say whether they were in pain or how the person. Whilst we judged the provider met the regulation regarding the safe management of medicines the provider still needs to ensure there is always a record of guidance for staff to follow for administering 'as required' medicines.

Checks were made by suitably qualified persons of equipment such as the fire safety equipment, fire alarms, electrical wiring, gas heating, hoists and passenger lift. Hot water was controlled by specialist mixer valves so people were not at risk of being scalded by hot water and the water temperature was checked each week. Checks were made on the condition and safety of wheelchairs and walking frames. Radiators had covers in order to prevent the risk of people being burned and first floor windows had safety restrictors. Each person had a personal evacuation plan so staff knew how to support them to evacuate the premises in the event of an emergency. We noted the last fire drill had taken place on 20 September 2015 but the registered manager said a more recent drill had taken place but a record of this could not be found. This had been identified in the provider's own risk assessment audits and was scheduled to be addressed. There were no records of when the portable electrical appliance were last checked or serviced and the provider stated that was not a legal requirement. The Health and Safety Executive (HSE) guidance Health and Safety in Care Homes and the HSE publication Maintaining Portable Electrical Equipment recommends visual and testing of appliances. We recommend the provider refers to this guidance to ensure portable electrical equipment is safe.

We asked the administrative manager about checks regarding the risks of legionella. Checks were made on the temperature of hot and cold water at various points in the hot water system. There was no risk assessment by a competent person of the hot and cold water systems as advised by HSE guidance Health and Safety in Care Homes, nor a record of the checks needed as set out in the same guidance. We recommend the provider refers to the guidance in HSE Health and Safety in Care Homes regarding actions to manage the risks of legionella.

There were health and safety risk assessments regarding the environment but these did not include risks to people in two bedrooms from a low ceiling beam. One of these had cushioning to protect anyone who might hit their head but the other did not. There were areas where people had access to stairs which were steep especially on the second floor. Whilst people could use the passenger lift the risks to people, including those who were living with dementia, had not been considered or assessed. This is also covered in the HSE guidance Health and Safety in Care Homes and we recommend the provider refers to this and takes appropriate action.

Each person and each relative commented that the service was a safe place. For example, one person said, "They do look after you, I do feel safe," and a relative said, "Undoubtedly they (residents) are safe in here." Staff were trained in the principles of safeguarding and knew what constituted neglect or abuse. Staff stated they would report any suspected abuse if they encountered it by raising it with their line manager and that they would contact the local authority safeguarding team if they needed to.

Sufficient numbers of staff were provided to meet people's needs. We observed staff were present in enough numbers to safely support people. Staff considered there were enough staff to look after people well. Relatives also said there were enough staff. For example, one relative described the staff levels as "excellent" and another said staff were always available. We asked four people about the staff levels; two said there were enough, but two people were not so positive about staffing levels: one said, "They seem short in the

afternoons," and another said they didn't see many staff.

There was a staff duty roster which showed staff were organised and deployed to the two parts of the home at specific times. For example, the Vicarage section accommodated 15 people and there were five care staff in the morning times 0730 to 1300. In the Brockenhurst part of the home five staff were on duty from 0730 to 1300. In the afternoons there were four care staff on duty and five staff on duty in the evenings. A team leader and the registered manager were on duty in the mornings and afternoons. There was also an administrative manager, three kitchen staff and a maintenance person. At nights there were three care staff on duty. Health care professionals said the staffing levels were good, that staff were always available when they visited and that the staff team were long standing employees who knew people's needs well. One health care professional commented that staffing levels were flexible to meet the changing needs of people and gave an example of how staff levels were increased to support someone with a specific medical condition.

We looked at the recruitment procedures for two staff who had recently started work at the service. References were obtained from previous employers and each staff member had completed an application form. Providers are required to obtain a Disclosure and Barring Service (DBS) check on staff before they start work. A DBS check not been made for one staff member and the service had relied on a DBS certificate provided by the staff member from a previous establishment, which was dated approximately 9 months prior to the date the staff member started work. When this was raised with the provider immediate action was taken to obtain an up to date DBS check. For the second staff member we noted a DBS check had been obtained but this was six weeks after the staff member started work. This was discussed with the administrative manager who expressed a commitment to ensuring appropriate checks were always obtained before staff started work.

The premises were found to be clean and hygienic. There were liquid soap dispensers and paper towel for staff, visitors and people to use as well as hand sanitiser to help prevent infection. There was guidance for staff displayed regarding effective handwashing. Staff wore protective aprons and gloves to aid the prevention of infection. The service had a staff member with a lead responsibility for infection control who had attended a one day course on the subject. All staff had received training infection control training. There was guidance from National Institute for Clinical Excellence on infection control. Audits were carried out of infection control. The environmental health officer (EHO) had awarded the service three stars out of five for food hygiene. The provider had completed an action plan of works following the EHO report which included the fitting of a new kitchen and improved food storage.

Staff knew their responsibilities to raise concerns and to record any incidents both within the home and to wider organisations such as the local authority safeguarding team. There were systems to monitor incidents regarding any untoward incidents such as falls occurring to people. This included the compilation of charts so any trends could be detected and changes made. Records were also maintained of any behaviours which others may find challenging so that amendments could be made so staff had guidance on how to deal with this. Health care professionals said the staff reviewed people's changing needs and made changes when this was needed to ensure safe care was provided.

## Is the service effective?

### Our findings

At the inspection of 17 October 2016 we found the provider was in breach of Regulation 18 as staff did not have adequate induction, supervision and training to effectively care for people. At the inspection of 17 October 2016 we found only half of staff were trained in safeguarding and in the Mental Capacity Act 2005 (MCA). Staff had also not updated their training in food hygiene, health and safety and in the management of medicines. The provider submitted an action plan to show how this was to be addressed. At this inspection we found the provision of an induction for new staff, supervision and training had greatly improved. The provider maintained a training matrix which showed staff had received training in behaviours which may challenge, dementia awareness, fire safety, basic first aid, safeguarding and moving and handling. The staff team included two staff who were qualified to teach staff in safe moving and handling procedures; the administrative manager stated these staff received annual updates to their training. Each staff member had a personal training and development record which included the staff member's supervision and appraisal records as well as training attended. These showed staff were receiving supervision or an appraisal of their work at least every two months. There were records to show newly appointed staff received an induction and had enrolled on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

Staff confirmed they attended a range of training courses including equality and diversity and inclusion. One staff member said there was continuous training and that they were encouraged to develop their skills. Staff were keen to complete training, for example, one staff member said they had a "thirst for knowledge" and were due to attend a course in activity provision. Staff confirmed they received training in the MCA and had knowledge of the principles of the legislation.

The service employed 29 care staff 18 of whom had a National Vocational Qualification (NVQ) or Diploma in Health and Social Care at levels 2 and above. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

Health care professionals were positive about the skills of staff. For example, two health care professionals emphasised staff were skilled in working with people who had behaviours which could be challenging and with people whose needs could not be met in other care homes. One health care professional said there was "consistent staff team who know people well and take on board and follow any advice." Another health care professional said the staff were, "Consistent. Knowledgeable about physical and mental health and had ongoing training." People were also positive about the skills of staff. For example, one person said, "I do feel they do a good job at caring here," and another said, "Staff seem good at what they do."

The registered provider had made the required improvements and was meeting this regulation.

At the inspection of 17 October 2016 we found the provider was in breach of Regulation 14 as people did not have a good dining experience as staff did not interact well with people. In addition we found at the last

inspection that drinks were not always readily available and nutritional assessments were not completed correctly. The provider submitted an action plan to show how this was to be addressed. At this inspection we found the provision of food and the assessment of nutritional needs had improved. People said they liked the food. For example, one person said, "The food's OK, I like most of it. I get water and juice in my room." Another person said, "The meals are good, I quite like the food and eating in the dining room." We spoke to the chef who had a record of the nutritional needs of each person such as whether they needed pureed food or a diabetic diet. Risks of malnutrition were also assessed using a Malnutrition Universal Screening Tool (MUST). Staff were trained in dysphagia which is the condition where people are at risk of choking due to swallowing difficulties. Referrals were made to the Speech and Language Therapist (SALT) where dysphagia was identified. Guidance from the SALT was recorded in care plans and was available to staff in people's bedrooms. We noted one person's care plan said they needed a pureed diet but there was no assessment by the Speech and Language Therapist regarding the need for pureed food. When this was raised with the registered manager and with a member of staff we were told the person did not have any problems with swallowing and that the staff team had made a decision to provide liquidised food due to the person having some difficulty with their dentures rather than any problems swallowing. We reminded the registered manager that when people are identified as having problems with chewing and swallowing that a referral should be made to the SALT team ensure the person is properly assessed.

There was menu plan which showed a varied and nutritious diet. There was a choice of meals and their likes and preferences were recorded in their care plan. Where needed records were maintained of fluid intake and food. Fluid charts were compiled into a chart over several days in order that the staff could monitor what the person was drinking. We saw people were provided with a variety of drinks during our visit. People's weight was monitored and we saw their weight was maintained. We observed staff supported people to eat and were flexible in supporting people to ensure people got enough food.

The registered provider had made the required improvements and was meeting this regulation.

At the inspection of 17 October 2016 we found the provider was in breach of Regulation 11 as the provider had not ensured care and treatment was always provided with the consent of the relevant person. This included a lack of documentation to demonstrate that relatives had lasting power of attorney for people so they could make decisions on behalf of people regarding their finances and health and welfare. At the last inspection the provider had also failed to follow the process of making 'best interests decisions' on behalf of people. The provider submitted an action plan to show how this was to be addressed.

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 whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

There was documentation to demonstrate that relatives had lasting power of attorney for people so they could make decisions on behalf of people regarding their finances and health and welfare.

The registered manager stated that each person at the home had been assessed as lacking capacity to consent to their care and treatment and that an application for a DoLS authorisation to the local authority

had been made. Care records included a mental capacity assessment and a copy of the DoLS application. Where people had medicines that were administered covertly an assessment of mental capacity had been carried out and there was a copy of a 'best interests decision' to show the need for this was discussed and agreed with the person's representative and their GP. Staff told us they knew the importance of 'inclusion' which they knew as involving people in decision making and seeking their consent. We observed staff consulted people before providing care to them.

Whilst the registered manager stated that each person at the service lacked capacity to consent to their care and treatment we found eight people who were able to have a conversation with us and could answer questions we asked them. This is an area the registered manager should consider. We observed staff consulted people before they provided care and support. People and their relatives said staff consulted them when providing care to people.

The registered provider had made the required improvements and was meeting this regulation.

The home comprises of two houses being combined. The inspection team found it was not easy to find their way around as there are a number of doors and corridors. People living with dementia can become easily disorientated by their surroundings. There was limited signage to help people find their way around and items readily available for people to interact with such as memory boxes or items they could handle. There was also a lack of information such as the day, date and weather to assist those people who were living with dementia. This would not help those living with dementia to orientate themselves or to find their way around. Some signage had been used but there were areas where it was difficult to tell where you were and where doors led to. This was raised with the registered manager and administrative manager as an area which could be improved on. A health care professional said the number of corridors was "good" as it allowed people to walk around. We observed people had freedom of movement around the home without being restricted. People had access to a garden. There were a number of areas where people could sit or eat. We observed people sat in the lounges; people were observed to chat to each other there. The décor of the home was a bit sparse in places and appeared austere, such as in the dining room. These areas lacked a homely and domestic feel. However, relatives commented that people were able bring their own possessions to their rooms. We recommend the provider looks into and considers current guidance such as Alzheimer's Society publication, 'Making your home dementia friendly.'

Each person's needs was assessed before they were admitted to the home. These included reference to physical and mental health needs as well as details about people's social and recreational needs. The registered manager and staff attended training to update their skills regarding palliative care and care of people living with dementia from external trainers. Staff were trained in equality, diversity and inclusion and told us how this was used in their work by involving people in decision making and by supporting them to be independent.

Health care professionals told us the staff worked well with them to meet people's needs. For example, a community nurse said the staff "worked nicely to provide a diabetic controlled diet" and that health care needs such as wound care were well managed. Mental health care professionals also said the staff worked well and effectively with them regarding mental health needs. An example was given by a community mental health nurse (CMHN) regarding the care of two people who had specific needs. The CMNH said staff skills had improved by learning about specific illnesses and that this was effective in improving the person's mental health and well-being.

Care records showed health care needs were assessed and arrangements made for health services. These included care of those with diabetes, dental care, eye sight tests, chiropody services and contact with GPs

and community nursing teams. People confirmed they had access to health services. For example, one person said, "Without question, they would call the GP if needed." A relative said, "Yes, every medical need is taken care of".

## Is the service caring?

### Our findings

People and their relatives said the staff ensured people's privacy was upheld, but we found examples where people's privacy, dignity and confidentiality were not always promoted. None of the communal toilet or bathroom doors had a privacy lock. The registered manager said these were not installed in case people became locked inside them. We made the registered manager aware that suitable privacy locks were available whereby staff could easily gain access in an emergency. On more than one occasion the registered manager talked openly about people's medical or personal history in front of the person, the inspection team and other people living at the home. We noted that people had a crucifix in their room. When one of the inspection team asked if this was the choice of the person the registered manager replied, "She's too far gone to know if she's religious". This comment did not demonstrate the person's religious preferences or choices were fully considered.

People were not always treated with respect and dignity. People's privacy was not always promoted. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said the staff treated them well. For example, one person said, "Staff are kind and genuine. They have time for me. I like my door open so I can joke with the staff." Another person said, "Staff are nice and kind. This is my home, I am friendly with some of them (residents) and I have a laugh with the staff." Relatives commented that staff treated people well. For example, one relative said, "The staff are excellent, very caring, considerate and homely. I am made to feel welcome and always offered tea or coffee." Another relative described the staff as, "Bloody angels. Very patient and kind." This same relative said the staff team were also supportive to them adding, "They look after me like I'm a special person." Another relative said staff were calm and caring towards people.

Health care professionals said the staff catered well for people's individual needs and knew people well. A health care professional gave two examples when staff were skilled in interacting with people by giving people a sense of purpose and bringing out people's personalities. This had been effective in making one person feel less frightened of the world and had improved the person's behaviour. The health care professional said, the staff had been effective in the care they provided to, "Transform his/her mental health and behaviour." Another health care professional said staff were respectful of people they looked after, that they knew people well and spoke to them courteously.

We observed some staff treated people with kindness and respect. For example. Staff reassured people when the fire alarm was activated. Staff interacted well with people at lunch by offering them choices and talking to them. Staff were observed to be patient with people and allowed them time to finish their meal. Staff demonstrated they cared about people and promoted people's rights to a good standard of care. For example, one staff member told us, "We provide personalised care. We put ourselves in their shoes. They can approach us and we respond. We are their family." Another staff member said of the care, "I love the philosophy, that staff have a positive accepting attitude to people with dementia. I have seen how people have changed because we are positive about people despite their needs." Staff also spoke of the

importance of involving people as much as possible in decision making and referred to the principles of inclusion.

Care plans were individualised and reflected people's diversity such as choices in how they preferred to spend their time and choice of gender of staff who they might receive care from. For example, one person said, "Staff are excellent, very attentive. Always someone to help. The staff don't rush you. I am warm and comfortable here. I have the choice when I go to bed and when I get up." People also said they were supported to be independent.

Care plan reviews showed people were consulted about their care and their individual preferences addressed. People and their relatives also commented they were consulted about their care.

## Is the service responsive?

### Our findings

At the inspection of 17 October 2016 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was a lack of meaningful activities for people, a lack of staff interaction with people and a failure to identify changes in care needs by effective care plan reviews. This included staff failing to respond to people who called out for help. The provider submitted an action plan to show how this was to be addressed. At this inspection we found improvements had been made to the provision of activities and in meeting people's social and recreational needs.

We asked seven people and two relatives about the provision of activities. Relatives were positive about this and made comments such as, "They have tried to engage her in some of the activities, not much success," and, "There is enough interaction. She certainly gets the care she needs. Musicians come in and some sing to the residents." People and their relatives made positive remarks about the provision of activities. For example, one person said, "The programme of activities is good. They have musicians come in here sometimes." Another person said, "We have a person come in during the afternoons to entertain us. I want and hope to work in the garden in the summer. There are no restrictions on visitors."

Care records showed people's social and recreational needs were assessed. Each person had a Personal Activity Folder, which had records of activities attended. The activities programme was displayed in the home and showed activities for seven days a week. These included games, music sessions, singing, reminiscence, arts and crafts and pet therapy as well as staff having one to one sessions with people. On the day of the inspection we observed people taking part in an activity coordinated by staff. Staff also gave people one to one attention by playing games with people. Records of activities completed by people were maintained for each person and showed people received regular social and recreational input. Records were also kept of activities such as cooking, manicures and entertainment along with photographs of the events. Two staff had a designated role for activities provision.

We observed staff responded to people when people asked for help. This included when people asked for help using the call points in their room.

There was system for reviewing each person's care each month. These showed the person's progress or any key events were recorded and looked into. These included charts of specific needs such as any falls of fluid intake so staff could review these and make changes to the care the person received.

The registered provider had made the required improvements and was meeting this regulation.

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 and the registered manager and administrative manager said information could be provided to people in a format that was easier for them to understand. The registered manager and administrative manager,

however, were not fully aware of the AIS and the provider did not have any policies or procedures regarding this. There was also limited signage to communicate with people in ways which would help those living with dementia understand, which is also referred to in the Effective section. There were notice boards with information on them such as forthcoming activities; these were in pictorial format so people living with dementia could more easily understand. The registered manager expressed a commitment to implementing guidance as set out in the AIS.

Each person's care needs were assessed before a decision was made about whether the service could meet the person's needs. The assessments of care needs covered people's social as well as health care needs. Each person had recorded details of their life history and preferences called, 'This Is Me.' Assessments and care plans regarding personal care were well recorded and showed attention to detail as well as people's preferences in how they received care. For example, one person's care plan set out how staff should provide nail care. We observed people were well cared for and this was also reflected in what people and relatives told us. For example, one person said, "This place is good for me. I do get what I need." Another person said, "I do feel the level of care I'm getting at the moment, suits me and I'm happy with it."

There was a complaints procedure in a leaflet which was provided to people and to their relatives. When we asked people and their relatives if they knew what to do if they were not happy with something they were confident it would be dealt with and aid there opportunities to raise any issues. For example, one person said, "No complaints or problems but any of them would sort out a problem for you." A relative said, "I've got absolutely no complaints. We have family meetings with the management." The registered manager kept a record of any complaints or issues raised including how it was looked into and resolved.

There was a format for recording how care was to be provided to those at the end of their lives. At the time of the inspection there were no people in receipt of end of life care, but care plans showed this had been considered as well as what people's preferences were. The registered manager had completed training in end of life care and the PIR stated this would be provided to staff in 2018. The registered manager was aware of the local arrangements for community and hospice services for those at the end of their lives called 'Echo:' end of life care for Coastal hub for Coastal West Sussex.

## Is the service well-led?

### Our findings

At the inspection of 17 October 2016 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was a lack of effective quality monitoring systems as well as a lack of records relating to the care and treatment of people. The provider submitted an action plan to show how this was to be addressed. At this inspection we found improvements had been made regarding the maintenance of care records for each person. A health care professional also highlighted the improvements made in records regarding mental health and behaviour. Whilst the requirement regarding the safe management of medicines was met care there was still a lack of clear care plan guidance for an 'as required' medicines for pain relief for one person. We also found one person had difficulty swallowing and was given a pureed diet but the person had not been referred to the SALT for a specialist assessment. The assessment and mitigation of the risks to the health and safety and welfare of people was not always ensured although this was limited to isolated examples.

The assessment and monitoring of risks to the safety of people regarding the premises did not demonstrate sufficient action had been taken to mitigate these. These included a lack of risk assessments and action regarding low beams in bedrooms, lack of risk assessments where people had access to stairs, lack of adequate checks on the risks of legionella and checks on electrical appliances as recommended by the Health and Safety Executive. Staff recruitment procedures did not show adequate checks were made that newly appointed staff were suitable.

The provider had not ensured the systems of governance were adequate to assess, monitor and mitigate the risks to the health, safety and welfare of people and others. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives commented positively on the attitude and culture of the service and its management. For example, one relative said, "The management is very good and the manager is fantastic and is very approachable." Other relatives commented on the staff and management being approachable and said they were consulted, such as, "I can approach the management. There seems an open door policy." However, during the inspection we were aware that the registered manager did not always promote people's dignity and privacy when talking to or about people in communal areas.

Relatives and people said they were able to give their views about their care. For example, a relative said, "The care is very good. No problems. If I ask anything then it's sorted out." People and their relatives were asked to give their views about the quality of the service. These were in the form of surveys and relatives said they were asked to give their views about the home at the care reviews. Copies of surveys from relatives were available for us to see and were positive about the care provided. The views of health and social care professionals were also obtained and these were also positive. For example, one health care professional said the standard of care was "excellent." People and their relatives said care reviews took place which they were involved in. Records of care reviews were well maintained. Care plans were comprehensively audited on a regular basis and included risks to people such as the risk of falls. There were also systems in place to monitor incidents such as falls so that any trends could be identified and action taken. Checks were also made on food and fluid charts to monitor whether people had enough food and drink.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had attended a number of training courses to update her skills such as in health and safety and end of life care. The registered manager was aware of the revised key lines of enquiry (KLOEs) introduced by the Care Quality Commission in November 2017.

There was a system of staff structure and delegation which included shift leaders who responsibility for decision making. Staff said they felt supported in their work and could ask for support when needed. Staff described an open culture where training was encouraged. Staff said there were opportunities to discuss any issues or to raise concerns which they said were listened to and acted on. Staff also said there was a system to check on their performance and competency. Staff had a good awareness of people's rights to privacy and dignity and had completed training in equality and diversity.

Health and social care professionals said they had good working relationships with the staff and management, which promoted a coordinated approach to care. Health and social care professionals also said staff had a positive approach to people who had complex needs which could not be met elsewhere, which had good outcomes for people's well-being.

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 10 HSCA RA Regulations 2014 Dignity and respect  People were not always treated with dignity and respect and their privacy ensured. Regulation 10 (1) (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not adequately assessed, monitored, and improved the quality of the services provided including the risks to the health and safety of people and others. Regulation 17 (1) (2) (a) (b)