

# East Sussex County Council

# Milton Grange

## Inspection report

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Date of inspection visit:  
20 January 2020  
21 January 2020  
22 January 2020

Date of publication:  
27 March 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Milton Grange is a residential care home providing short term rehabilitation, including personal care to up to 37 older people. At the time of the inspection there were 34 people using the service. The service is split into two areas, one provides support for people living with dementia or other mental health issues, there were nine people in this area during our inspection. The remaining 25 people received support in the generic unit. In the past 12 months approximately 450 people had used the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Documentation in care plans relating to care plans were poor. NICE guidelines had not been followed and little information was included about intervention and treatment. In addition, although a pain chart was included which identified increased pain being experienced, no ongoing monitoring was shown. You can see what action we have asked the provider to take at the end of this full report.

The service had not correctly recorded complaints. Several incidents that by definition fell under the service complaints definition had been included in a minor incident folder. Some investigation had taken place but no analysis of trends was possible due to incorrect recording. Several people we spoke with did not know the process of making a complaint. The complaints policy had written on the front, 'next review 2015.' We have made a recommendation about the management of complaints.

Some care plans lacked detail. Some areas of personal details were missing, consent forms had not consistently been completed and use of the MUST tool was inconsistent. One plan lacked detail about the reasons for a fall that had resulted in the person being at the service and therefore no specific detail was available to focus the reablement plan on. Another plan failed to highlight a unique characteristic of a person which directly impacted on their support. The registered manager lacked oversight on these issues with no effective auditing process in place for care plans.

Staff had received training in safeguarding and were able to describe to us what action they would take. People told us that they felt safe. Accidents and incidents had been recorded and lessons learned taken forward. Risk assessments bespoke to people had been completed and medicines were stored and administered safely. Fire and other safety checks had been completed. Staff had been recruited safely with all required checks having been completed.

Staff training was up to date and a training plan showed us how training was managed and refresher training organised. Staff training was relevant to people's needs. Induction for new staff was thorough and ongoing supervision and appraisals ensured staff were supported. The service provided rehabilitation for people preparing them to return home safely and this was supported by access to health and social care

professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind to people and people were treated with dignity and respect. Staff had a good understanding of people and their day to day needs, likes and dislikes. People's privacy was respected and they could choose whether to spend time in their bedrooms or to socialise with others. Independence was a key element of the service and people were encouraged and supported in all areas in preparation for their return home.

A range of activities were readily available for people and these could be enjoyed in groups or one to one with staff in their own rooms. People's communication needs were considered and processes were in place to support people around the service. The registered manager had received end of life training and one of the intermediate care managers at the service attended the East Sussex end of life care clinical reference group. Staff who had experienced these situations were able to tell us about the appropriate care they had provided.

The registered manager provided opportunities for people, relatives and staff to feedback about the service. The registered manager although very new to the role was well thought of by staff and relatives. The registered manager understood the duty of candour, was honest and had positive plans for the future development of the service. The service had a good working relationship with partners and professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

Outstanding. (Report published 16 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified a breach in relation to safe care and treatment at this inspection.

Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Milton Grange

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two inspectors, an assistant inspector and a specialist advisor who had specialist knowledge of working with rehabilitation services.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke to 17 people that used the service and three relatives about their experience of the care provided. We spoke with 19 members of staff including the operations manager, two intermediate care managers, one of whom is currently going through the registration process with CQC, a deputy manager, an occupational therapist, a senior occupational therapist, A band six nurse, eight care staff including two senior rehabilitation support workers and six rehabilitation support workers, a social worker, the training manager, the maintenance manager and the head chef.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records including eight care plans and multiple medication records. We looked at a variety of records relating to the management of the service including accidents and incidents, complaints, audit processes and training and supervision records. We case tracked four people which means we compared what was recorded in people's care plans to the support we saw being provided.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to four relatives and two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question is now rated as requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Wound documentation in some care plans for existing wounds was poor. The care plans for wound care were minimal and contained very little information about the wound or the treatment needed. The NICE guidelines, relating to wound care state 'document the surface area of all pressure ulcers in adults. Use a validated measurement technique, for example, transparency tracing or a photograph.' Staff had not always followed this guidance. One plan had no description of the wound such as appearance or size. We looked at the wound care for one person whose chronic leg condition had deteriorated since arriving at the service. Wound assessments had not documented whether there was improvement or deterioration in the wound. Staff told us they had contacted the GP who assessed the wound was infected and started the person on antibiotics. These had not been effective, however staff had not taken a swab of the wound to identify whether it was infected or what the infection may be.
- A pain chart was attached to the wound assessment and identified increased pain which had not been followed up by staff or a pain monitoring chart commenced. The care plan did not reflect the impact of the pain and wound on the person's re-enablement pathway. The support plan also failed to highlight unique characteristics that would affect their safety for mobilisation and re-enablement.

Systems were not in place to demonstrate safe care and treatment was always provided. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They confirmed that the support plan would be re-written, that NICE guidelines regarding wound care would feature at supervision meetings with staff, that regular monitoring would take place and that this example would be used as a case study for lessons learned.

- However, we found other aspects of the service were safe. Support plans contained risk assessments that were relevant to people's needs. For example, falls risk assessments detailed people's footwear, medication regime, awareness and other medical conditions that may affect mobility. Documentation was regularly reviewed and people, relatives and professionals were involved. A relative told us, "I was invited to join the meeting and was asked about everything. They asked us if there were anything else that could be done, they were very thorough."
- A handover sheet was used to inform staff beginning their shift of relevant information relating to people.

A twice daily staff 'huddle', where care staff would speak face to face with each other took place. A weekly multi-disciplinary meeting maintained oversight of care plans and ensured updates were made if care and support needs changed.

- A significant risk for people was falling. People were given personal alarms to carry which alerted staff in the event of a fall. Bedroom and communal areas had call bell facilities and bedrooms were, where required, fitted with sensor mats.
- Fire safety checks had been completed. Weekly checks had been carried out on the fire alarm system, emergency lighting and fire exits. All equipment for example, fire extinguishers, sprinkler systems and smoke alarms had been checked and recently passed as working correctly. The service carried out practice, unannounced evacuations, every six months. Personal emergency evacuations plans (PEEPs) were in place for everyone. PEEPs provided details of the support people would need in an emergency.
- The service employed a maintenance manager who had responsibility for all minor repairs and upkeep around the building. Larger work had been contracted out and all maintenance work was recorded. Safety checks had been carried out on electrical and gas appliances. Records were seen of the call bell system being maintained and repaired.
- The service used a range of specialist equipment for example, bathing equipment, mobile hoists and slings. Equipment had been serviced every six months however there were no stickers on the equipment to indicate when the next service was due. This was followed up with the registered manager at the time and steps were taken to rectify this.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse and were able to tell us that they felt safe. A person told us, "I feel very safe. I'm using a crutch at the moment, they (staff) walk with us to protect us." Another said, "I'm fine, I feel very safe here." A relative told us, "My (relative) had an episode and staff intervened straight away. They definitely prevented them falling. They called the doctor and then made more regular observations."
- Staff understood safeguarding and were able to provide examples of incidents that would amount to a concern. They knew who to report issues to. A staff member said, "I'd report to a senior nurse or the manager straight away. Depends on the situation but could report to CQC and local authority too." Another told us, "I had to raise a concern with adult social care (local authority) about some money that went missing. I spoke to the person first to make sure that's what they wanted." In the latter case the money had just been mislaid but the correct process had been followed. All staff had received training in safeguarding.
- Staff knew about the service whistleblowing policy. Whistleblowing enables employee's anonymity when notifying the authorities about incidents.

Staffing and recruitment

- Staff had been recruited safely. We were shown personnel files which contained check lists and documentation confirming safe recruitment. Checks included photographic identification, employment history, references and Disclosure and Barring Service (DBS) checks. DBS checks ensure people have no police convictions or cautions that would prevent them from being employed by the service. Similarly checks had been completed for nurses using the Nursing and Midwifery Council.
- The generic unit had a minimum of nine rehabilitation support workers (RSW's) working each shift, one or two senior support workers, a senior nurse a senior occupational therapist and three occupational therapy assistants. The unit for people living with mental health issues had a minimum of four RSW's, an occupational therapist and a mental health nurse. On occasions agency staff were used. As far as possible these were regular staff who knew the service well.
- The service had experienced three physiotherapists leaving the service the month before the inspection. The service had made an agreement with a local hospital to ensure that they still were able to provide

physiotherapy for people that needed it. The service was in the process of recruiting into these roles.

- Sufficient trained nursing and care staff were available for every shift. We were shown shift rotas which confirmed this.

#### Using medicines safely

- Sufficient staff had been trained in the administration of medicines. They had regular refresher training and were subject to spot checks and unannounced supervision of practice.
- Medicines were stored safely throughout the service and all medicines were administered correctly. Medicine administration records (MAR) were completed correctly showing the date, time, quantity of medicines and the signature of the staff member administering. A staff member told us, "The manager does a regular review of meds. They check that staff know policies, it's important that we are 100%".
- A separate protocol was in place for 'as required' (PRN) medicines. These included, for example, medicine provided for occasional pain relief.
- Some medicine errors had been recorded and staff involved had a one to one meeting with their manager after an incident. Further training was provided for staff if needed and there had been a staffing review to ensure enough staff were available during medicine rounds. A fridge used to store some medicines was found not to be working. This was immediately rectified by staff.

#### Preventing and controlling infection

- The service had recently had to close for new admissions due to an influenza outbreak. An action plan was put in place with Public Health England and a local health protection specialist notified for support. Additional personal protection equipment (PPE) was supplied to minimise staff having to move around the service. When the service had been declared free of the influenza a deep clean of the entire service was carried out prior to any further new admissions.
- Staff had received training in food hygiene and infection control. Staff were seen to use PPE when appropriate and the service had several hand sanitisers in each section of the building. During the inspection the generic unit was having its corridors floor replaced. Despite this, the service was clean and tidy throughout and was well presented and free from odours.
- Annual legionella testing was carried out and the service had a recent legionella certificate which confirmed regular water testing.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and issues arising were discussed with people and relatives and any learning carried forward. Most incidents related to falls. To help people understand distances when moving around the service, signs had been put up, for example '10 metres to reception' with a directional arrow. The registered manager had collated a falls 'map'. Falls over time had been plotted out to see if there were any patterns of specific locations around the service where more falls were happening. The results showed that people were more prone to falling in some rooms than others. Each of these rooms then had a review of layout, furniture and equipment to try and minimise the risks.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The majority of referrals to the service came from the local hospital. Care plans were drawn up and reflected people's basic health and social care needs. (For more information about care plans, see the well-led section of this report.) People were able to stay at the service for up to 28 days although the registered manager assured us that people would only be discharged home when safe.
- Pre-admission checklists were completed and rehabilitation plans for people were in place. This included a section on required outcomes before a person could be safely discharged home. People and relatives were involved in the different stages of these plans. A relative told us, "It's a well-oiled machine. They are very willing for me to speak to the nurse and anyone else involved in their care."
- The service used a 'therapeutic outcome measure.' This involved a series of initial observations by occupational therapists to assess people's current support needs.
- People's rehabilitation at the service focussed on preparing them for independent living when they returned home. For example, supporting people to prepare food and drinks. The service had created a 'breakfast club', which simulated a person's own kitchen to help prepare them. During the inspection we observed people being supported with domestic activities.
- Most people were discharged from the service back to their homes and the service liaised with support services to ensure help was provided for people in the first few weeks after returning home.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction. A staff member told us, "It was full time for four weeks. One to one support throughout, e-learning and training. We worked across all units." Another said, "We could take our time. We were given chance to shadow and had lots of spot checks." Following induction staff continued to be supported through two monthly supervision meeting and yearly appraisals.
- Staff personnel files confirmed the four-week induction process and showed a date when complete which meant staff could begin to work independently.
- The service had an in-house training lead who was responsible for maintaining the service training matrix. We saw the matrix which was up to date with clear indicators of when refresher training was due. Staff had covered a range of training including, safeguarding, health and safety, mental capacity act and fire safety.

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

- People's hydration and nutritional needs were met. The service provided a four-week seasonal, rotational menu which had options for people to choose. People chose their daily food and had access throughout the

service to snack trollies. People told us the food was good. Comments included, "There's a great choice," "They bring us sandwiches and soup, the meals are fine," and "I'm very fussy. They try and give me what I want. The quality is very good."

- A minimum of three people, employed full time, worked in the kitchen. The lead chef told us that they listened to people and what they liked and disliked. A recent lamb curry was voted as unpopular and this was changed to a hot pot which everyone enjoyed. People's dietary needs were recorded on their daily menu selections and were displayed in the kitchen. This included whether people were vegetarian for example, whether they had allergies and if they required a mashed or soft food diet. The service worked closely with the speech and language therapist (SaLT) to ensure people were provided food and drink safely in accordance with their needs.
- During the inspection we saw a demonstration by a service that provided a home meal delivery service. The service supported people in their homes by providing prepared meals to them, something that was important to several people using the service as they prepared to return home. People enjoyed the demonstration which provided an opportunity to taste the food on offer and a chance for people to socialise.
- In response to feedback from people who required soft diets who had stated that all food looked the same, the service now provided soft food that was shaped and coloured the same as the original food. People told us that this was good.
- Some people required food and fluid charts which were monitored by staff and SaLT, nutritionists and GP's contacted if needed. People's weight and BMI were monitored and the service used the malnutrition universal screening tool (MUST) in some cases. MUST is a simple way of calculating nutritional risks.

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

- The service worked closely with the local hospital to ensure only people with rehabilitation potential were transferred to the service. Assessments were carried out involving a range of professionals for example, GP's occupational therapists, physiotherapists, the SaLT team, a registered mental health nurse, nurses and care managers from the service as required. People and relatives were involved in these assessments and care plans provided detail of the rehabilitation program required ahead of discharge back to people's homes.
- Similarly, at discharge from the service there was close liaison with the service that supported people in their homes. A discharge summary report accompanied each person and follow up calls were made. On average, 80% of people were enabled to return home.
- The service had established positive working relationships with professionals that supported people at the service. A professional told us, "The staff are friendly, pleasant and helpful." Referring to essential equipment, "If ever anything is missing or broken, they always replace it straight away." Another said, "Staff really engage with my clients and I was delighted that they acknowledged how important my work was."

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

- The service is set over two floors the ground floor contained the unit supporting people with mental health needs, large communal areas and offices. The first floor contained the generic unit which supported about two thirds of people using the service. Lifts and stairs are available to people and the service has signage clearly indicating where rooms and communal areas are found. There is a community day service situated on the ground floor which people staying at Milton Grange can also access.
- People on average stayed at the service for up to 28 days. Despite this quick turnaround of people, we saw that people's bedrooms had been appointed according to their wishes with personal affects and photographs of loved ones in most rooms. Some people had memory boxes in their room containing significant items, important to them. Specialist equipment was available throughout the service for example a range of mobility aids.

- The service had clear signs and directions for people and on the ground floor there were some pictorial signs in place. People susceptible to falls had a falling autumn leaf pinned to their bedroom door so that staff could recognise immediately those people at greater risk of falls.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had been trained in the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). Staff displayed a good understanding one telling us, "You have to be specific. Lacking capacity is not always about everything."
- Some people were subject to DoLS. Documentation showed that these had been correctly applied for following mental capacity assessments and best interest meetings. Regular reviews of DoLS took place and we saw one being updated during the inspection.
- Staff understood consent and the importance of gaining agreement from people and the challenges when people lacked capacity. A staff member told us, "I explain each time. I think consistency is important." Another said, "I always just ask. Then I explain, several times if needed. It's about taking baby steps, to make sure they understand." Relatives were involved in decision making, a staff member said, "Speaking to family can give us a clearer picture." A relative told us, "They keep me informed and ask my views."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question is now rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff speaking to and helping people in a kind supportive way. A staff member approached a person and said, "Would you like to go out for a walk?" They touched their shoulder and helped them to stand and put their coat on. An occupational therapist approached a person at lunchtime and said, "How are you today? The barber is coming in later this week." During an activity session a person appeared uncomfortable and a member of staff approached them and asked if they were alright and might want to change chairs. They helped the person do this, made them more comfortable and the person smiled and thanked them.
- A relative said, "They are so friendly here, the care workers are great." A Professional said, "They are friendly, pleasant staff. Nothing is ever too much trouble. A staff member said, "The service we offer can't be matched by anyone, all staff put the client at the centre."
- During the inspection we observed several mealtimes. People were able to have their meals in their room, in a small dining area or in a larger communal room. Mealtimes were sociable events with people engaging with each other and staff in a friendly way.
- People were given opportunities to express themselves how they wished. For example, people could observe religious practices if they wanted to. Staff respected people's protected characteristics under the Equalities Act 2000.

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

- Central to all care plans were rehabilitation targets for people. These targets had been written in conjunction with people and their relatives to ensure people would be able to cope on their return home. People were asked what they could do and what they needed help with. Care plans further provided information about people's likes, dislikes and preferences.
- Staff were aware of the importance of providing choice to people. This was seen at mealtimes with food but also was relevant when people were getting dressed and washed each day with options being provided to people. A person told us, "I'm given exercises to do but my hip is still sore. I know they are important but they let me manage how much I do, I decide."
- Staff told us that they could influence care plans if they thought that a person's care and support needs were changing. A member of staff said, "We write in the daily notes and if changes are needed it's picked up and written in the plan. Food and exercises are often changing."
- People's confidentiality was respected. Hand over meetings were held away from people and all personal

information about people was kept locked in a cabinet in a secure office.

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

- People's privacy, dignity and independence were promoted and respected by staff. We observed bedroom and bathroom doors being knocked by staff and staff only entering when people invited them in. A staff member said, "I'll always knock before entering. I'll give people a little more time in the WC as long as I know they are ok." We spoke to several people that preferred to spend their free time in their own bedrooms and not to socialise with others. A person told us, "I watch TV and I like playing scrabble. A lot of the time I'm left in my room but that's my choice."
- We saw people being treated in a dignified way. We observed a person who appeared unsettled and agitated as staff were preparing a table for lunch. Staff engaged in a gentle conversation asking them, 'Where do you want to go? Do you want to stay here? Is it because your friend has gone out today?' Staff stayed with the person and let them walk around the dining area from chair to chair. They did sit down when food was produced and staff continued to talk to them and reassure them.
- The service had a strong ethos of promoting independence and supporting people to achieve goals to enable them to live independently. A staff member said, "No better feeling when someone comes in unable to transfer and they walk out the door to go home. You can't get better job satisfaction than that." Another said, "They come in a wheelchair and they walk out." A person said, "It's continuous assessment. I'm now walking with a crutch which I couldn't do a few days ago."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question is now rated as requires improvement.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- A complaints policy was in place but was not readily accessible to people. The policy we were shown was a generic council policy which had a review date due of 2015. There had been no updates since. We spoke to several people who told us that they were not aware of a complaints policy or what steps they would take if they needed to raise a complaint. Some people told us they would speak to a staff member to raise a concern.
- We were told by the registered manager that there had been no complaints recorded but records were kept of 'minor issues and concerns.' We were shown the 'minor issues and concerns' folder and it did have recorded some minor issues that had been recorded and resolved to the satisfaction of people and relatives. There were some matters recorded however that fell within the service policy definition of a 'complaint.'
- These issues included two separate allegations disrespectful remarks having been made; another two involving unprofessional staff actions and one relating to food. There had been some investigation relating to these incidents but none had been registered as complaints.
- Auditing processes were in place (see the well—led domain for further details.) However, complaints had not been audited as there had been none correctly recorded and therefore no analysis had taken place.

We recommend the provider consider current guidance and ensure that complaints are recorded in line with their service policy. The complaints policy to be updated and made accessible to people.

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

- Care plans were person-centred and gave detail of people's rehabilitation goals and targets. People were able to choose how long they spent engaged in exercises and physiotherapy but were encouraged by staff to complete regular sessions. A person told us, "They (staff) come across in a strong way, they know exactly what to teach you. Sometimes they tell you off but it's done in a nice fun way."
- Staff knew people well. A staff member told us, "Some people use the day centre here. Some do come back. You end up getting to know people." Another said, "I do one-to-one work with people and get to know what they like, their hobbies, their culture."
- People told us their needs were met and that they were listened to. A person told us, "It's a nice atmosphere between the staff and the residents. They do listen to us and respond to what we want."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people using the service were living with dementia or other types of illness that could affect their ability to communicate. People were able to communicate verbally but for some this was limited to a few words. The service used the Addenbrooke's cognitive examination (ACE) which was a series of tests which measured people's cognitive impairment. Results were in care plans and informed staff about people and their communication needs.
- The part of the service that supported people living with dementia had pictorial signs in communal areas to help people to orientate themselves. Staff supported people spending time with them, talking with them and reinforcing communication by gently touching people's arms or shoulders. Throughout the service doors were colour coded to indicate bedroom or bathroom. Each bedroom was personalised in ways that made it clear to people that it was their room.

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

- The service provided a day centre service that some people were able to use. This depended on their wishes and available space. The day centre provided a range of activities for people to enjoy for example, games and puzzles, singing, reading and talking in small groups with staff and other people.
- The service had a garden that people could access weather permitting. Within the service there was a range of activities and entertainment available for people. We observed a staff member playing a piano to a small group of people who were enjoying singing along. Some people preferred to remain in their rooms and they were offered one to one activities with staff if they chose. We spoke to some people who were happy in their own company and despite being offered activities were happy to remain in their rooms and watch television or listen to music.
- We spoke to some people who had had visits from their pet dogs. Relatives had arranged these visits and they had been enjoyed by people. The service had regular visits from 'petpals', a service that brought domestic animals into the service for people to see and stroke. People told us they enjoyed these visits.
- Staff were fully engaged with activities, one told us, "We do quiz's, games, 10-pin bowling. Lots of exercises if people want to." At Christmas children from a local primary school visit to sing Christmas carols with people.

End of life care and support

- No one using the service at the time of the inspection was in receipt of end of life care. The service provides rehabilitation support to people who are generally older adults. However, the service had experienced some people passing away at the service. A manager at the service had recently undergone end of life training but this was not routinely provided to all staff. An intermediate care manager at the service attended the East Sussex end of life care clinical reference group and had gained a qualification in end of life care. The registered manager told us that this is an area being considered for training in the future.
- Despite the lack of training staff were able to tell us the important aspects of looking after people towards the end of their life and some had experienced this area of care. One said, "It's important to respect wishes, still seek consent and treat people with dignity." Another told us, "Oral health care is really important to ensure people are as comfortable as possible."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question is now rated as requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Care plans lacked detail in some areas. Personal information was missing from some plans and consent forms had not always been completed. One plan recorded that a person had fallen at home leading to their stay at the service but no insight was provided as to the reason for the fall which then gave staff no areas to focus reablement on. Another plan failed to highlight a unique physical characteristic of a person that would have directly impacted on their support and reablement.
- Another care plan had no detail about a person's washing and dressing needs that were needed. Similarly, this provided no guidance to staff as to the level of support the person required. Weight and height charts were in place but the use of the MUST tool was not routinely used. The registered manager lacked oversight of these issues and there was no effective auditing of care plans. These areas relating to care plans need to be improved.
- At the time of the inspection there were plans to review the management structure of the service. The service was large and complex and the registered manager had identified that it might be beneficial to apply for shared registration for both intermediate care managers. These arrangements were in the process of being finalised.

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

- The registered manager had worked at the service for several years but had only been in post as registered manager for five weeks at the time of the inspection. The service is large and they tried to provide a visible presence throughout the service. Staff spoke well of the registered manager. Comments included, "Friendly, helpful, approachable," "Very attentive, always asks if I've any concerns," and "Very good, they're great."
- There was a positive culture at the service, promoted by the registered manager and supported by staff. All staff were seen to be approachable and made time for people responding to them when they asked for help and when they could see they needed support. A person told us, "Nothing is ever too much trouble. If you want a cup of tea, they'll fetch it for you."
- Staff understood people's needs and approached rehabilitation in a way to suit people. For example, some people preferred to do exercises in the privacy of their own bedrooms. This was facilitated by staff, achieving the same outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and was open and honest with us throughout the inspection. There is a legal obligation for registered managers to inform CQC and other professionals for example the local authority about significant events that occur at their service. This obligation had been fulfilled.
- The service had the last CQC rating displayed in a communal area within the service and on their website.

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

- The registered manager sought feedback from people and relatives. On leaving the service people were encouraged to complete a 'client feedback form'. These were analysed monthly by the registered manager and any themes or trends identified and acted on. For example, several comments had been made about the larger dining area being too noisy so the service have opened a smaller dining area where people can eat in smaller groups.
- There were client forums held, meetings involving people, where opportunities were provided for people to raise issues to staff. These were documented and issues addressed.
- We were shown a visitor information board which invited feedback. The same board contained several letters and cards of thanks from relatives. Relatives and professionals told us that lines of communication were good and that issues could be easily raised and matters taken forward if required. A relative said, "I live a long way away so everything is done on the phone. The communication is good. I give feedback and everything is perfect." A professional said, "They act quickly on any issues I raise."
- Staff told us that they had opportunities through meetings and supervision meetings to speak to their managers either individually or in a group. We saw sets of minutes from bi-monthly (every other month) staff meetings. Staff had opportunities to add agenda items and told us that everyone was given an opportunity to be involved. A member of staff told us, "The meetings are a great chance for feedback."
- People's equality characteristics had been explored. For example, people's faith and cultural wishes had been asked about when people come to the service. The staff told us that they had supported several people from different faiths for example, a person recently who did not celebrate traditional festivals and another who had specific dietary needs relating to their faith.

Continuous learning and improving care

- The service was supported by a local authority quality compliance officer who visited each month to check quality assurance processes and systems and to carry out audits and feedback to the registered manager. Checks included ensuring the service 'visions and values' were being followed. Vision and values were a set of standards chosen after consultation with managers, the staff team and people who use the service, to reflect the aims of the service. These included listening to people, respect, tolerance and understanding, effective communication and staff being patient and caring. The service was also supported by Healthwatch whose most recent visit six months before our inspection. Their report was positive. Healthwatch are an independent, national body that support services to provide best care for people.
- The registered manager attended a quarterly forum for managers and regularly visits the CQC, local authority and skills for care websites to keep up to date with development and best practice. They had attended recent management training in safeguarding and DoLS. The registered manager was involved in nurse and care staff meetings and updated staff from the forums they attended.
- The service produced monthly monitoring reports that were shared with senior managers. Areas looked at included falls, admission incidents, staffing, including the use of agency staff and quality assurance. This information was used by managers to measure effectiveness and highlight areas for improvement.

### Working in partnership with others

- The service had established relationships with East Sussex Healthcare NHS Trust hospitals, GP's and community mental health teams from where most referrals were made. They worked in partnership and at the time of the inspection had an arrangement with their physiotherapy team to provide cover at the service. Most people returned to their homes following discharge from the service and received support from a community rehabilitation service. Similarly, the links were strong to ensure people's onward journey and continued rehabilitation at home were in place.

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had not ensured that risks to the health and safety of service users receiving care or treatment had been always assessed. And that they were doing all that was reasonably practicable to mitigate any such risks. |