

# SHC Rapkyns Group Limited

## Wisteria Lodge

### 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?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 20 and 21 December 2018 and was unannounced.

Services operated by the provider had been subject to a period of increased monitoring and support by commissioners. As a result of concerns raised, the provider is currently subject to a police investigation. This is ongoing and no conclusions have yet been reached. We used the information of concern raised by partner agencies to plan what areas we would inspect and to judge the safety and quality of the service at the time of the inspection. Between May 2017 and December 2018, we have inspected a number of Sussex Health Care locations in relation to concerns about variation in quality and safety across their services and will report on what we find.

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

Wisteria Lodge is registered to provide nursing and accommodation for up to 20 people who have a learning disability, physical disabilities and complex health needs. At the time of our inspection there were 17 people living at the home. Accommodation is provided across two units called Wisteria Lodge and Stable Lodge. Each unit has a separate living room, dining room and kitchenette. Rooms are of single occupancy and have en-suite facilities. The home offers the use of specialist baths, hydro pools and physiotherapy.

A manager was in post who was in the process of registering with the Commission. The last manager had deregistered in September 2018. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Wisteria Lodge has not been operated and developed in line with the values that underpin the Registering the Right Support and other best practice guidance. Wisteria Lodge was designed, built and registered before this guidance was published. However, improvements have been made recently to adapt Wisteria Lodge in response to changes in best practice guidance and improvements are ongoing. For example, there are more opportunities for people to go out and to plan what they would like to do which promoted their health and wellbeing. Cultural and professional changes are being implemented to provide a service that meets the needs of people living with a learning disability and/or autism. Plans were ongoing to improve links with the local community, to broaden people's horizons and to provide opportunities for them to engage in meaningful social activities.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve each of the key questions: safe, effective, caring, responsive and well led. Some

improvements had been made to meet the breaches of regulation we identified at the last inspection in March 2018. More work was required to sustain these improvements in every aspect of the service to ensure these are embedded over time into the practice of the home to ensure people received a consistently high standard of care. We will review these improvements at our next inspection. At the last inspection we rated this service as Requires Improvement. At this inspection the service continues to be rated as Requires Improvement. This is the second time the service has a rating of Requires Improvement overall.

People did not always receive safe care and treatment. Risks to people had been identified and assessed and appropriate risk assessments had been drawn up. People's needs in relation to their eating and drinking had been assessed and referrals made to healthcare professionals such as speech and language therapists and dieticians. However, we observed a staff member who did not follow the guidance in one person's care plan in relation to their eating and drinking. This put the person at risk of aspirating or choking. An unsafe sling was found in one person's room and should have been disposed of.

Systems had been put in place to measure and monitor the quality of care provided and the service overall, but these were not wholly effective and did not identify the issues we found at inspection.

Effective communication had been identified as an area of improvement by the provider. It was planned that all staff should receive dedicated training to enable them to meet people's preferred way of communication. Not all staff communicated effectively with people.

Some staff had not received regular supervision within the last year according to the provider's policy. The manager planned to ensure every member of staff received supervision in a timely manner. Staff completed a range of training to meet people's needs, although there were gaps in training for some staff.

People were supported by kind and caring staff who knew them well. Most staff engaged with people positively, but we observed occasions when staff were task-orientated and did not consult with people to establish what they would like. Relatives spoke positively about the staff. People were treated with dignity and respect.

People were supported by staff who had completed safeguarding training and understood how to protect people from abuse. There were sufficient staff to meet people's needs and staff were recruited safely. The lunchtime meal was organised over two sittings because of the availability of staff when people needed one-to-one support. When some people were having their lunch, others were invited to participate in an activity or went out. People's safety in relation to the premises had been assessed and safety checks for equipment and fire safety systems had been completed. Plans were in place should people need to be evacuated in the event of an emergency. Medicines were managed safely. The home was clean and effective infection control systems had been introduced.

Consent to care and treatment was gained lawfully. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to a range of healthcare professionals and services. Special diets were catered for and people could choose what they wanted to eat. People's individual needs were met by the adaptation and design of the home. Hydrotherapy was available to people, although one hydro pool was out of action at the time of the inspection; the other hydro pool was operational. People could not easily access the hydro pools at a time when they were both out of commission, but were able to use a similar facility at one of the provider's other locations.

Improvements had been made in relation to people's care plans. Detailed advice and guidance was provided to staff which was based on people's assessed needs. However, some staff did not always follow this advice and guidance from what we observed. Activities were organised at the home and people went on outings in the minibus. Further weekly minibus outings were planned for 2019. Concerns and complaints were addressed appropriately. Staff had been trained in end of life care.

People and their relatives were asked for their views about the service and overall these were positive. Staff felt supported by the new manager. The manager had a clear vision and strategy in relation to how they wanted to develop and improve the service.

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

We found three breaches of regulations. Our detailed findings are shown below.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not consistently safe.

Risks to people were identified and assessed, but were not always managed safely. A staff member did not follow the guidance outlined in one person's care plan in relation to supporting the person to eat safely. One sling was unsafe to use and had not been disposed of.

Staff had completed training in safeguarding and knew what action to take if they had any concerns about people's safety.

Staffing levels were within safe limits to meet people's needs. New staff were recruited safely.

Medicines were managed safely.

The home was clean and smelled fresh.

**Requires Improvement** ●

### Is the service effective?

Some aspects of the service were not consistently effective.

Some staff had not completed all the training they required. The provider's audit had identified this as an area in need of improvement.

Staff had not received regular supervisions in line with the provider's policy. The manager was in the process of setting up regular supervisions. Staff said they felt supported by their line managers.

People had choices of what they would like to eat and drink. Special diets were catered for.

People had access to a range of healthcare professionals and services.

Consent to care and treatment was sought according to people's capacity to make specific decisions, which had been assessed.

**Requires Improvement** ●

### Is the service caring?

**Requires Improvement** ●

Some aspects of the service were not consistently caring.

Some staff were task-focussed and did not engage with people.  
Some staff were not always able to communicate effectively with people.

Staff were overall kind and caring with people. Relatives spoke positively about staff.

As much as they were able, people were involved in decisions relating to their care.

People were treated with dignity and respect.

### **Is the service responsive?**

Some aspects of the service were not consistently responsive.

Care plans provided detailed information about all aspects of people's care. However, more detail was required in some care plans to ensure people's needs were fully monitored and addressed. Staff did not always follow the advice and guidance contained within people's care plans.

A range of activities 'in house' and outside the home were organised for people.

Complaints were managed to a satisfactory standard.

Staff had been trained in end of life care.

**Requires Improvement** ●

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

Some aspects of the service were not consistently well led.

Some improvements had been made since the last inspection. However, we found some further areas for improvement at this inspection. which need to be addressed.

A system of audits had been implemented to measure and monitor the quality of care and service overall. However, these were not robust and had not identified the issues we found at inspection.

A new manager was in post who was in the process of registering with the Commission.

People and their relatives were asked for their feedback about the service. It was planned that relatives' meetings would be

**Requires Improvement** ●

held in the future.

Staff felt supported by the management team and involved in the running of the service.

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# Wisteria Lodge

## 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 21 December 2018. The first day was unannounced and the inspection team consisted of three inspectors, including a medicines inspector, a specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included learning disabilities and people with complex health needs. On the second day of inspection, the team consisted of two inspectors and the same specialist advisor. The specialist advisor had clinical experience in supporting people with a learning disability, autism and/or complex health needs. The expert-by-experience undertook telephone interviews with some relatives of people who lived at the service on the second day of inspection.

Prior to the inspection, we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. The provider completed the latest Provider Information Return (PIR) in February 2018, which was before our last inspection in March 2018. Due to this we did not request that the provider complete a further PIR before this inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Due to the nature of people's complex needs, we were not always able to ask people direct questions. The majority of people who lived at the service could not tell us about their views of the service they received. 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. Therefore, we spent time observing the care and support that people received during the morning, at lunchtime and during the afternoon over both days. We spoke with the provider's regional operations director, the autism lead, the manager and the deputy manager, who was also a registered nurse. We also spoke with an agency registered nurse, two care



staff, a chef, the activities co-ordinator and a GP who was visiting people on the first day of our inspection. We spoke with one person and five relatives to gain their views.

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

# Is the service safe?

## Our findings

At the last inspection which took place in March 2018, we rated this key question as Requires Improvement. At this inspection, we found the rating remains as Requires Improvement.

At the last inspection, we found that not all was reasonably done to mitigate risks to people who lived at the home. Following the inspection, the provider sent us an action plan which set out the steps to be taken to make the required improvements. At this inspection, we found improvements had been made but some risks to people remained. More work was required to sustain improvements over time so they were embedded into the practice of the home to ensure people were consistently safe.

People did not always receive consistent, safe care and treatment. We saw a person receiving their lunchtime meal that did not follow the eating guidance provided by a speech and language therapist in their care plan. The care plan recorded that the person should be encouraged to smell the food, to have small amounts of thickened fluid between mouthfuls and to be given time to chew and swallow their food. The eating guidance stated that if the person's mouth was open, this did not necessarily mean they were ready for more food. We observed a staff member giving this person spoonfuls of food in quick succession, overfilling the spoon and not prompting the person to take thickened fluid between mouthfuls. The staff member was task-focussed and their method of supporting this person put the person at risk of choking. We discussed this issue with the manager at the end of our inspection and they assured us they would look into this and investigate further with the member of staff concerned. However, risks around choking have been highlighted to the provider by CQC at some of their other homes. Learning from this feedback had not been effectively shared between homes so that people were consistently protected from the risks.

Care plans in relation to elimination lacked detail in two cases. In one elimination care plan, the person's daily bowel recording chart had many gaps in recording. This was because the person spent time at home with their relatives, but information about the person's bowel movements while away had not been documented, so that any risk of constipation could be properly assessed and managed when they returned to Wisteria Lodge. In another elimination care plan, information was lacking in relation to including what the person's usual bowel habits were or when staff should offer extra support. Risks associated with constipation management have been highlighted to the provider by CQC at some of their other homes. Learning from this had not been effectively shared between homes so that people were protected from the risks.

The failure to assess and mitigate risk is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In a third elimination care plan, the person had their risk of becoming constipated assessed. A constipation risk assessment had been drawn up which included the recommended daily intake of fluid for the person. The daily records showed the person was receiving sufficient fluids. Health and safety checks showed premises and equipment were serviced regularly. However, we saw that a sling on the back of the bathroom door in one person's bedroom was unsafe. The sling had been regularly serviced and checked and several

yearly dates had been recorded. The last recorded date written on the sling was February 2018 with 'FAIL' written upon it. We checked the sling and found the main waist security strap was torn away from the body and the side piping panel had become unstitched by approximately three inches. This meant the sling was dangerous to use and put the person's safety at risk. Support staff told us the sling was used when supporting the person to shower and they were unaware of any faults. We spoke with a physiotherapist about the unsafe sling and they agreed it was dangerous and not fit for purpose. The physiotherapist immediately disposed of the sling and stated they would contact the person's relatives for a replacement sling. We raised our concerns with the manager that stringent checks could not have been made on the sling before each use.

On the second day of our inspection, we discussed this issue further with the manager and the provider's regional operations director. They told us that the unsafe sling was never used and had not been disposed of because it was the property of the person's relatives. The regional operations director and manager assured us that another sling was used. With conflicting information given to us, we cannot be certain whether the unsafe sling was in use or not. However, the unsafe sling should have been removed from the person's bathroom as soon as it became clear it was not fit for purpose. The sling could have been used by staff since it was to hand; this put the person at risk.

Overhead tracking systems were built into people's rooms and bathrooms to enable staff to hoist people safely and easily. Stand-alone hoists were available if required. Water temperatures were recorded fortnightly and were within safe limits.

Systems and practices safeguarded people from the risk of abuse. At the last inspection, it was identified that staff training in relation to safeguarding was not always implemented in practice. At this inspection, staff had completed safeguarding training and knew how to report any issues of concern. A member of care staff told us they completed safeguarding training as part of their induction. They explained their understanding of safeguarding in relation to making sure people were safe, observations of people in relation to any potential abuse and that if a person appeared unwell, they would tell the nurse on duty. The manager understood how to manage any untoward incidents that occurred at the home and reported these as required. They also alerted the local safeguarding authority about any potential safeguarding issues as needed and records confirmed this. People told us they felt safe living at the home. One person said, "Staff lock the outside door which makes me feel safe. They move the furniture around so that I can get around in my wheelchair".

At the last inspection, we identified that care plans in relation to managing people's epilepsy were generic in format and did not provide sufficient guidance for staff. Improvements had been made and epilepsy care plans now contained detailed information and guidance for staff to follow. For example, one seizure care plan provided personalised information and guidance for staff on the seizure type, frequency and duration of any seizures, together with actions to be taken in an emergency. We looked at risk assessments in relation to areas such as skin integrity, eating and drinking, continence and in the management of Percutaneous Endoscopic Gastrostomy (PEG). PEG is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and throat. People's risk of skin breakdown had been assessed using a recognised tool specifically designed for the purpose. Care plans relating to skin integrity were precise and detailed; they included any specialist equipment required, such as pressure relieving mattresses and the level of airflow required. People's individual and specific needs had been thoughtfully considered. Adaptations had been made to routines, and additional equipment purchased, to ensure that no person missed out on opportunities to socialise. Physiotherapists assessed people's moving and handling needs and identified any specialist equipment required. Information about people's moving and

handling was provided in detail within people's care plans and included photographs of equipment that was to be used and how to use it.

People's needs in relation to their eating and drinking had been assessed, with advice sought from healthcare professionals such as speech and language therapists and dieticians. Eating and drinking care plans were detailed and included information and guidance to staff about people's dietary needs, the consistency of food and fluids and safe positioning when eating and drinking. Where people received their nutrition via PEG, individual and specific care plans had been drawn up. One care plan was very precise and included information to care staff on how to ensure the equipment was working efficiently, including checks for any potential infection. Elimination care plans included guidelines for staff on the recommended daily intake of fluids. Daily records indicated that people were receiving the correct fluid intake which mitigated their risk of becoming constipated due to dehydration.

Personal Emergency Evacuation Plans (PEEPs) were completed for people. These showed what actions needed to be taken by staff to protect people in the event of an emergency, for example, if the home needed to be evacuated. The manager added that PEEPs would be reviewed after a scheduled fire drill. She explained she was completing a desktop fire assessment and fire plan which would be reviewed monthly. All staff had completed fire warden training and a member of staff took on this role at each shift. Staff understood their responsibilities regarding fire safety. Fire extinguishers were available throughout the home and these were regularly serviced. Fire alarms and fire doors were tested weekly, and emergency lighting monthly.

Staffing levels were sufficient to keep people safe although we received mixed comments from people and relatives. One person told us, "Well I think there needs to be more staff, but I think there is enough". A relative said, "There are enough staff from what I can see, although staff do come and go. On the whole they have really nice staff". Another relative felt there were not enough staff, qualifying this by saying, "I know they have trouble being fully staffed [referring to the use of agency staff]". Where needed, agency staff were used to fill any gaps in shifts. The agency staff worked regular shifts at the home and the same staff were consistently used. Staffing rotas showed that in Stable Lodge there were one registered nurse and four care staff to support nine people. In Wisteria Lodge, there were one registered nurse and two care staff to support seven people. In addition to this, one person received one-to-one support from a member of care staff during the daytime. At night, at each lodge, there were one member of care staff and one registered nurse on duty. We asked the manager how staffing levels were assessed based on people's care and support needs. She told us that a dependency tool had been used previously and there were plans to reassess people's needs in early 2019; staffing levels would then be reviewed. After the inspection, the manager informed us that a meeting was planned for late-January at which staffing levels would be reviewed and assessed based on people's care and support needs.

During the lunchtime period on both days of inspection at Wisteria Lodge we observed that the time people came to eat their lunch in the dining room was staggered. The majority of people required one-to-one support from staff to eat their meal. Due to the number of staff available at any one time, this meant that people could not all be provided with support at the same time. In response to this, the provider had taken the decision to have two sittings at lunchtime. Some people were eating their lunch in the dining room and others were taken to the lounge and participated in activities, until staff were available to support them with their meals a little later. People appeared to be happy with this arrangement since they were either eating their lunch or were involved in an activity with staff support.

New staff were recruited safely. We reviewed the profiles of agency staff and of staff who were permanently employed at the home. Prospective staff had two references and checks were made with the Disclosure and

Barring Service (DBS) to ensure new staff were safe to care for vulnerable adults. Nurses were registered with the appropriate professional body and we checked their PIN numbers which were current and on file.

Medicines were managed safely. We looked at the ordering, storage, administration and disposal of medicines at Wisteria Lodge and Stable Lodge. We observed medicines being administered to people by a registered nurse. The registered nurse washed and cleaned their hands with anti-bacterial gel when administering medicines. Medicines were taken to people in a wheeled trolley designed for this purpose. We saw that the registered nurse gave people their medicines, then signed the Medication Administration Record (MAR) in confirmation. We observed a registered nurse discussing with people the need to have their medicines. The registered nurse gave people a choice as to where they would like to receive their medicines. People who required their medicines to be administered via PEG were escorted to their bedrooms so this could be carried out in a dignified way.

Medicines that were required to be stored securely were managed safely and records completed to show stock levels were correct. Medicines that needed to be kept refrigerated were stored within safe temperature limits; temperatures were monitored and recorded daily. Staff had signed to confirm they had read and understood the provider's medicines policies. Agency registered nurses shadowed permanent registered nurses when they came to work at the home to ensure they were competent to administer medicines safely to people. Monthly audits had been completed in relation to the management of medicines. We looked at audits between July and October 2018 and no issues or concerns were identified.

When people went on outings or to stay with their relatives, their medicines went with them. We saw that medicines were checked in and out of the home safely. A checklist of actions was completed before people went out to ensure they had all the relevant documents with them, including their prescribed medicines. The GP visited the home on two days each week, every Monday and either every Thursday or Friday. Outside of this, should a person become unwell and require further medical attention, the GP will complete a separate home visit. The registered nurse said that all people took their medicines with encouragement. They told us of one person who could become agitated at certain times. This person was prescribed an anti-anxiety medicine to be taken before this particular situation arose, and this worked well.

People were protected by the prevention and control of infection. We looked at the clinical cleaning schedule. This was in good order with daily and weekly checks of equipment and included a cleaning schedule for enteral feeding equipment, clinical areas, shower trolleys, wheelchairs, mattress cleaning and turning and en-suite facilities. Procedures were effective in ensuring the environment was safe, such as checks for water safety and Legionella. Window restrictors had been fitted following recommendations in an external health and safety audit. The home was clean and well-presented. Anti-bacterial hand gel and personal protective equipment, such as disposable aprons and gloves, were available throughout the home. An external company was contracted to deep clean the hydro pool monthly and maintenance staff checked chemical levels weekly. Internal infection control audits were carried out weekly and monthly.

Lessons were learned at Wisteria Lodge if things went wrong. For example, at a staff meeting the minutes showed that lessons were learned such as the importance of staff signing in and out and on behalf of people when they went out. This was for fire safety reasons so the emergency services would know how many people were in the building if this needed to be known. The manager had introduced fire wardens which were allocated at each shift.

# Is the service effective?

## Our findings

At the last inspection which took place in March 2018, we rated this key question as Requires Improvement. At this inspection, we found the rating remains as Requires Improvement.

At the last inspection, we found that consent to care and treatment was not always sought in line with the requirements of the Mental Capacity Act 2005 (MCA). Following that inspection, the provider sent us an action plan which set out the steps to be taken to make the required improvements. At this inspection, we found some improvements had been made and the breach of regulation had been met. However, more work was required to sustain these improvements so they were embedded into the practice of the home over time to ensure a consistently effective service. We will review this at our next inspection.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

At the last inspection, it was identified that three people had conditions attached to the authorisation of their DoLS. The manager told us they had reapplied for DoLS which were due to lapse for people who had been assessed as lacking capacity; records confirmed this. The manager understood about conditions relating to DoLS authorisations and ensured these were followed. Applications had been completed where the DoLS for people were due to expire and had been completed appropriately, with the associated capacity assessments.

Consent to care and treatment was sought in line with legislation and guidance. People were given the support they needed to make choices. Staff had completed training on the MCA and understood the importance of gaining people's consent. An agency registered nurse demonstrated their understanding and told us they sought consent with people throughout their care, giving them options, such as whether a person would like a bath or shower. The nurse said that people knew what they wanted and could make choices, that they could refuse something with staff respecting their choices. The nurse added that parents and professionals would be involved where needed in the decision-making process.

At the last inspection, staff had not always received appropriate support and training to enable them to carry out the duties they were employed to perform. At this inspection, we found some improvements had been made but further work was needed to meet the regulation .

We observed people having their lunch and we saw one person who required one-to-one support had to wait for their meal for some time. Staff did not communicate when the meal was coming and the person became agitated. We asked staff about this person's behaviours and vocalisation and one staff member said they were unsure what the person meant, but it could be because they wanted a drink. The person was observed to bang their hand on their table and their head on the head rest of their wheelchair. When the person's meal was brought they became settled.

During the lunch period on the first day of our inspection, we observed people were taken into the lounge by staff, whilst others remained in the dining room to have their lunchtime meal. One person became extremely distressed when the television was turned on. A staff member tried to communicate with the person, to alleviate their distress and suggested choices of what they might want. However, the person became more anxious and upset. Eventually other staff came into the lounge and took the person to their bedroom to help them calm down. Whilst the staff member tried hard to verbally communicate with the person, this was not effective. Some staff lacked the necessary knowledge to communicate effectively with people. The autism lead told us about the training they were developing for staff including effective communication and positive behaviour support. They told us they were focusing on additional training for staff to improve the way they communicated with people living with a learning disability and complex needs.

Staff had not always received supervisions in line with the provider's policy, that is, three supervisions per year and an annual appraisal. Since the last manager had left the home and a new manager commenced employment in October 2018, regular supervision meetings with staff had lapsed. However, some supervisions with staff had taken place during the year. The manager was aware of the gaps in supervisions and told us they were undertaking supervision meetings first with each member of staff, then they would be delegating the supervisions to senior staff. Whilst regular supervision meetings had not taken place for a period of time, staff told us they felt supported by their line managers. Staff felt the new manager was accessible and that if they had any issues or matters they wanted to talk about, they would be listened to.

We looked at the staff training plan which showed the training that the provider considered to be essential for staff to carry out their roles. This mandatory training included topics such as infection prevention and control, moving and handling, mental capacity and safeguarding. Other training was also on offer to staff on subjects such as equality and diversity, dementia awareness, epilepsy awareness and autism awareness. The training was a mixture of face-to-face and online training. Not all staff had completed all aspects of this training and an audit completed by the provider had identified there were gaps in the training of some staff.

The failure to ensure that staff received appropriate training and supervision to enable them to carry out their duties is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered nurses received clinical supervisions from the deputy manager who was also a registered nurse. Staff told us they felt supported in their roles. One staff member said they received supervision a year ago, but that they felt supported and could ask nursing staff or the manager if they had any questions. Another staff member told us they felt the new manager had the home on a 'positive track' and was taking the home in the right direction. They added that the new manager was flexible and supportive. Relatives spoke positively about the staff. One relative said, "Excellent staff both on the nursing and caring side. They are warm, friendly and polite and very nice to chat to, very welcoming".

Staff confirmed they had access to a comprehensive induction programme and mandatory training. The



induction period completed by new staff involved study for the Care Certificate, a vocational, work-based training qualification in health and social care. All new nursing staff completed an induction programme with a permanent registered nurse on their first shift. At the last inspection it was identified that not all registered nurses had attended training in relation to the management of Percutaneous Endoscopic Gastrostomy (PEG). All nursing staff had now completed training on PEG management, including agency staff. The manager told us they were in the process of developing a competency assessment tool for specific areas of practice such as PEG care. Nursing staff we spoke with and observed had a good understanding of PEG care. A competency assessment had also been developed for moving and handling (led by a physiotherapist). There were plans for some staff to complete Makaton training with a speech and language therapist and the autism lead was organising workshops and training sessions for staff. From our conversations with staff it was clear that they knew people well and how to support them effectively. One staff member told us they got to know people through direct observations, observing other staff with people and reading people's care plans.

All nursing staff had completed training in clinical topics such as PEG, medicines, catheterisation, learning disability, dysphagia and thickening drinks, safe use of medical gases and wound and pressure care.

From our observations at inspection, it was clear that staff knew people well and could identify people's choices from reading their facial expressions or observing their body language. A recent audit stated that staff sought accessible ways of communicating with people with regard to equality and diversity and that Makaton symbols were used. Makaton is a way of communicating with people who are unable to use verbal communication. Whilst some staff had completed training in Makaton, it was not clear from people's care plans whether this, or another communication method, was their preference. Communication passports had been completed for people.

Relatives were positive in their comments about staff. One relative said, "I get along well with staff. Some staff seem to be new to me and there's been some change of staff, but on the whole they do a good job". Another relative told us, "There was a problem with excellent staff leaving under the old regime. However, it has improved under the new regime and the staff are being well trained".

People were supported to live healthier lives and had access to a range of healthcare professionals and services. Care plans showed that people had support from medical specialists such as orthopaedic consultants, physiotherapists, dentists and opticians and that they received an annual health check from their GP. On the first day of our inspection, one person had become increasingly unwell. Nursing staff were prompt in contacting healthcare professionals and the person was later admitted to hospital. People received medical support from a local GP practice and a GP visited routinely on a Monday and again either on a Thursday or Friday. On the first day of our inspection, a GP was visiting the home and seeing people about their medical conditions. We asked the GP for their views about the home. They felt that staff were conscientious, especially the deputy manager. The GP described staff as, "on the ball and focussed". The GP commented that some people had chest infections which the staff had identified and that staff always followed any advice and guidance, particularly in relation to medicines. The GP told us they made referrals to other health professionals such as speech and language therapists or dieticians. The GP added that they had no concerns, that staff were very caring and quickly spotted when people became unwell. Relatives confirmed they would be informed if their family member became unwell or required medical attention. Relatives told us they were notified about any routine healthcare appointments. One relative explained, "They [staff] provide a diary, detailing what's being done medically, so like dentist, posture, diets, so we are kept up to date".

People's needs and choices were assessed in relation to the care and treatment they received, in line with



best practice. The provider had introduced the National Early Warning Score (NEWS) which is a clinical assessment tool. NEWS determines the degree of illness of a person using physiological findings and observation. Staff had completed training on NEWS and the manager explained that staff had used this method of assessment for some time, but not always consistently. The manager explained that they were encouraging care staff to use the NEWS tool on a regular basis to improve the response time to people if they became unwell.

People were supported to eat and drink in sufficient quantities to maintain a balanced diet. The amount that people ate and drank was recorded and the manager explained they were introducing books for staff to more easily record when people had a drink. We will follow this up at our next inspection. We spoke with a chef who was assisting with the preparation of food and who was employed permanently at one of the provider's other locations, but who knew the home well. They told us that menus were planned over a four-weekly cycle, with two main choices offered to people at lunchtime and at suppertime. The menus were changed in the winter and summer months. The chef said that any food allergies, people's likes and dislikes were all recorded and documentation kept in the kitchen. Where specialist diets were required, for example, pureed or fork mashable, these were provided to meet people's dietary needs. A menu board in the dining room at Wisteria Lodge was left blank and the chef said they hoped to have menus laminated and put on display in the future. However, people were supported to choose what they wanted to eat by care staff and could choose beforehand or at the time the meal was served.

We spent time observing people having their lunchtime meal at Stable Lodge and at Wisteria Lodge. At Stable Lodge we saw people were assisted to eat their meals by staff, that, where appropriate, food was cut up into small pieces and freshly served. Staff asked people's permission before placing clothes protectors on them. A variety of drinks were available including juice and water. Some people were eating independently and staff were interacting kindly with people, encouraging them to eat and offering drinks. Conversation was friendly and we observed staff regularly kept people's mouths clean when assisting them with their meal. Two people who required to be fed via PEG were engaged in making Christmas decorations and were entertained separately so they did not have to see people eating their meals.

At Wisteria Lodge, we observed people were encouraged to choose the drink they would like with their meal and that a variety of choices were offered. Staff asked people at a slow pace and did not rush people to say what drink they wanted. One person ate independently and was assisted with the use of a plate guard and adapted cutlery. Staff checked with this person whether they wanted their food cut up and continued checking they were coping throughout the meal. The person pointed to a gravy boat and staff helped them to have more gravy on their food. Two people were given one-to-one support to receive their meal. We observed staff were focussed on the person and on helping them as needed. Staff interactions with people were friendly and patient.

On the second day of our inspection, two people were taken to visit a garden centre during the lunchtime period. Staff reassured people that they could have their lunch later and explained to us that both people had said they wanted to visit the garden centre in the morning. We saw one person gave a 'thumbs up' when asked if they wanted to go to the garden centre at lunchtime.

People's individual needs were met by the design and decoration of the premises. The manager told us they were in the process of consulting with people, to assist them in choosing what colour scheme they would like in their bedrooms. They said, "It's very much about the person; it's about them, not us". One relative told us that their family member had their own music system, lots of CDs of music and audiobooks in their room. They added that music helped to calm and relax their family member if they had a seizure and that music was soothing when they became tired. We observed that people's rooms were personalised with

items of importance to them .

Hydrotherapy was available for people. However, at the time of our inspection, only one hydro pool was operational. At one point both hydro pools were not safe to be used by people. The manager told us that people had access to another hydro pool at one of the provider's other locations at a time when both hydro pools were out of commission and in need of repair.

# Is the service caring?

## Our findings

At the last inspection which took place in March 2018, we rated this key question as Requires Improvement. At this inspection, we found that some improvements had been made, but that the rating remains as Requires Improvement.

Staff anticipated people's needs and were prompt to respond where required. However, while some staff chatted away to people and tried to engage their attention, other staff were more task-orientated. For example, we observed a staff member assisting one person to put on their coat. The staff member was gentle with the person, but did not explain what they were doing or engage in conversation. The manager had observed the incident and reminded the staff member to explain what they were doing and to reassure the person as they assisted in dressing them. We observed other occasions when staff did not communicate effectively with people and did not always understand what people wanted or how to support them.

Some positive, caring relationships were evident between people and staff. Staff knew people well and how they wished to be cared for. We observed some positive interactions between people and care staff. It was a very busy time for people as many had been Christmas present shopping and staff were assisting people in the wrapping of presents. Some people were more engaged with the task of present wrapping than others. For example, they were invited by staff to feel the texture of the wrapping paper, listen to the noise it made and helped with applying sticky tape and labels to their gifts. Other people were less interested and watched while staff took on the whole process of wrapping the present, with minimal input.

We asked one person why they thought staff were caring. They said, "They put me in my chair and they feed me and the manager always listens to me". Relatives expressed their feelings about the staff who supported their family members. One relative described staff as, "very nice and very gentle". Another relative told us, "I think staff have a real fondness for [named person]. There are several staff who make sure she looks nice, for example, her hair and the clothes she wears". Relatives were complimentary about staff and added that some staff had left recently, including the last manager in recent months.

We observed staff supporting people at lunchtime in Stable Lodge. The staff positioned themselves in a way that enabled them to have good eye contact with people. We saw staff were friendly and kind with people, offering them choices of food and drink.

People were supported to express their views and, as much as they were able, to be involved in making decisions and choices about their care. We observed staff giving choices to people at lunchtime in relation to the food they would like and the drink they preferred. We asked relatives whether they felt staff members communicated with their family members well. One relative said, "on the whole, yes". Another relative told us, "It's very difficult with [named person] but they do their best". A third relative felt that some staff, "need more training. This has already been flagged up and I think is in the process of being improved". The provider had identified that effective communication training was needed to encourage people to be involved in all aspects of their care. The autism lead was in the process of arranging for staff to receive this. This would enable staff to identify how best to communicate with people who had little or no verbal

communication and different ways of communicating according to people's needs. We will follow up on this at our next inspection.

A relative confirmed they felt involved in any decisions relating to their family member's care. They said, "I've never felt that she's not supported, she's always clean and beautifully dressed. Her room is always clean. The staff are always discreet and always involve the family if there's any decisions to be made. Relatives are welcome to visit anytime. Staff are like family, they look after us as much as our relative".

People were treated with dignity and respect and had the privacy they required. People told us that their privacy and dignity were respected by staff. One person explained that staff knocked on their door before entering. A relative told us, "Staff close doors when [named person] has gastrostomy medicine or water. It's given in their bedroom or in a quiet corner. Sometimes my relative may pull her top up and the staff always make sure her top is tucked into her waistband". Another relative said, "Yes, they respect privacy and dignity. They close doors when giving personal care and we have no reason to doubt they don't respect people".

Information about people's care and support needs was kept confidentially and securely. For example, care plans were kept in a locked cupboard in the manager's office.

## Is the service responsive?

### Our findings

At the last inspection which took place in March 2018, we rated this key question as Requires Improvement. At this inspection, we found the rating remains as Requires Improvement.

At the last inspection, we found that people did not always receive care or treatment that was personalised specifically for them. Following that inspection, the provider sent us an action plan which set out the steps to be taken to make the required improvements. At this inspection, we found improvements had been made and the breach of regulation had been met. However, more work was required to sustain these improvements over time so they were embedded into the practice of the home to ensure a consistently responsive service. We will review this at our next inspection.

At the last inspection, we identified that communication plans had not been developed that enabled people to communicate effectively. At this inspection, we found that some improvements had been made and the majority of people received personalised care that was tailored specifically for them. Care records for each person comprised a care plan, risk assessment, daily records and a medical file. Records were clearly written and up-to-date. From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. We looked at a care plan for one person in relation to their communication needs. This was detailed and person-centred. The person was not able to communicate verbally and used gestures and body language/positioning to help them communicate with staff. Photos were used as objects of reference. In another care plan, the Disability Distress Assessment Tool (DisDAT) had been used to assess how staff would recognise when the person was in pain or distressed. In addition to this, staff were advised to use simple questions aided by objects of reference in line with the guidance in the person's communication care plan. Whilst care plans contained detailed information and guidance for staff about people's communication needs, these were not always clear or effective. We have written about this further in the Effective section of this report.

People received care that was responsive to their individual physical needs and identified risks. One person had a sleeping care plan which was detailed and clearly indicated the need for bed rails, which was supported by a best interest decision. The care plan documented the need for 15-minute observations throughout the night. In another care plan, there was detailed information about the person's sleeping and positioning which was written by nursing staff and a physiotherapist. The care plan included photographs of how to support the person in the correct position and signs staff should look out for if the person was not positioned correctly. This meant that the risk of the person developing pressure areas was minimised.

Other care plans for nutrition, eating and drinking and Percutaneous Endoscopic Gastrostomy (PEG) regime were detailed and precise. Daily recording notes reflected that people's care plans were being followed.

We asked relatives about the support staff provided to their family members. One relative said, "[Named person] needs a lot to drink sometimes and the staff know. On the whole they deal with my relative very

well". Another relative told us, "Sometimes it takes a while for staff to know because my relative doesn't communicate well if she doesn't know you. Staff that do know my relative, they are fine". A third relative felt that staff were responsive and recognised the signs that might indicate when their family member was in distress or pain or felt hungry or thirsty. Relatives told us they were invited to meetings with staff to review their family member's care.

At the last inspection we identified that activities were not always provided that were meaningful and reflected people's needs and preferences. At this inspection, we found that activities were structured and organised with people on a daily basis. There were opportunities for people to go out with staff on a minibus and we were told there were plans to arrange for further outings to be available for people on a weekly basis. Some people enjoyed relaxing in the sensory room and we were told that these were being revamped on both sites. Work was in progress to have a 'pool' of minibus drivers so that people could go out at times to suit them, for example, in the evenings. We will follow up on this at our next inspection. Some people had gone into town with staff to choose Christmas presents for their loved ones. Daytime activities were on offer to people at Wisteria Lodge and at Stable Lodge. We observed two people watching a children's programme in one lounge at lunchtime. They did not appear to be particularly engaged with the programme and one person started banging on their laptop table. A staff member then gave them a giant tennis ball to roll around and the person seemed to enjoy playing with this. People were wrapping Christmas presents on one occasion and some people were asked if they would like to go on the minibus to a garden centre. We observed staff taking people out into the grounds of the home and checking with them beforehand if this was what they would like to do. Due to a change in opportunities for further education provision which were outside of the provider's control, people were no longer able to attend one college. Some people were trying out sessions at other locations. One person was trying out a cooking class. The manager told us they were currently looking for opportunities for people in relation to vocational and other courses to promote people's independence skills.

Concerns and complaints were listened and responded to and used to improve the quality of care. We looked at the record of complaints which showed that one complaint had been received since March 2018; this was responded to appropriately. We asked relatives whether they had any concerns about the home and how complaints were responded to. One relative said, "I had a couple of concerns when the last manager was here and I wasn't happy with some things. I had a meeting with [named a representative of the provider] and she listened to my concerns. She asked me to discuss them and meet in person to talk things through. She told me what was going to be implemented to improve things and after that I felt more confident". Another relative told us, "I was always complaining under the old management and things didn't change, but now with the new manager it's different. I know she's very committed". The complaints policy was on display in the reception area and was available in an accessible format.

People were supported at the end of their lives to have a comfortable, dignified and pain-free death. Registered nurses and some care staff had completed end of life training. At the time of our inspection, no-one was receiving end of life care and there were no 'Do Not Attempt Cardio-pulmonary Resuscitation' (DNACPR) decisions recorded. We asked the manager about this and she confirmed that this was the case. She added that she had plans to discuss end of life wishes and plans with relatives in the future, but it was acknowledged the timing had to be right and it was the relatives' choice.

# Is the service well-led?

## Our findings

At the last inspection which took place in March 2018, we rated this key question as Requires Improvement. At this inspection, we found the rating remains as Requires Improvement.

At the last inspection, we found that systems or processes were not robust to ensure compliance with requirements. There was a failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. Following that inspection, the provider sent us an action plan which set out the steps to be taken to make the required improvements. At this inspection, we found improvements in some areas, but more work was needed to ensure the regulation had been met.

Systems had been put in place for the purpose of continuously learning and improving all aspects of the service, but these had not identified all the issues we found at this inspection. Audits had been implemented to measure and monitor the service provision in an attempt to drive improvements. However, these audits were not always effective in identifying the issues we found during this inspection. For example: a sling which had failed safety checks had not been removed to prevent its use, there were gaps in some bowel monitoring records. Some staff had not completed all the mandatory training and some had not received regular supervision or appraisals. This meant that people did not always receive care that was personalised to meet their needs.

The failure to have robust systems or processes to ensure good governance is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An audit completed externally showed significant improvements had been made since the previous audit and issues that were required to be addressed had been completed in some areas. The audit showed that, where needed, action plans with timeframes had been put in place together with progress made. Internal quality audits were completed by a representative of the provider and identified any actions needed in relation to meeting regulatory requirements. Areas covered by the internal quality audits were addressed in relation to whether the service was safe, effective, caring, responsive and well led. Any issues identified were reported on and actions arising were documented and revisited when the next internal quality audit took place, to ensure that improvements had been made. Actions and areas for improvement which were noted within the internal audits had not all been fully implemented at the time of the inspection and more time was needed to embed these in practice.

People and their relatives were involved in developing the service. Relatives were asked for their feedback about the service through questionnaires. Their views were obtained with regard to accommodation, staff, grounds, activities, food, communication, infection control and laundry. The majority of responses were either good or satisfactory. One relative felt the condition of the garden furniture was poor and this was addressed. Another relative felt that staff took too long to answer the telephone. The area manager at the time had managed the issues raised and they had been discussed at a staff meeting to ensure communications were improved. We asked relatives if meetings took place for them. Whilst relatives were invited to review meetings relating to their family members specifically, relatives' meetings did not take

place. A relative explained, "Up until now there have been no relatives' meetings, but the new manager says that's going to change. I've been told that there is going to be regular parents' meetings". Relatives were complimentary and positive about the way the home was managed. One relative said, "On the whole I think it's very good. I think it's very nice and everybody is very helpful". Another relative described the care as, "excellent" and commented they had noticed how the home had improved in the last few months. They added, "I believe my relative is well looked after". Relatives felt that significant improvements had occurred since the new manager came into post in October 2018. One relative said, "I think she's going to be excellent. She's got a lot of ideas, a lot of positive things, so I think she will be really good. Under the new manager everything is very open to discuss".

People were asked for their comments through residents' meetings and the last meeting was held in November 2018. The minutes showed that 17 people attended this meeting and recorded progress made in relation to issues raised at the residents' meeting held the previous month. Issues discussed at the November meeting included activities, visits from family members and suggestions for improvements at the home. One issue that had taken time to address concerned the hydro pools at Wisteria Lodge and Stable Lodge where there had been maintenance issues. At the time of our inspection, one hydro pool was operational for people to use.

Staff were engaged and involved in contributing to the running of the home and their views were sought. Staff told us that team meetings took place and we looked at the records of monthly meetings that had taken place since May 2018. All minutes were printed and displayed on a staff noticeboard so staff had access to these if they could not attend the team meetings. Discussions had taken place at one team meeting in relation to ways of upholding people's dignity and caring. Staff were informed that the autism lead would be working with them and of the plans to introduce visual objects to encourage people to make choices. A team meeting in October 2018 showed that staffing levels had been discussed, the need for improving these and gaining more permanent staff.

Staff felt supported by the management team and were confident that if they had any concerns or issues, these would be addressed. One member of staff told us they knew how to raise a concern if they were worried about anything. They said they felt confident to do this and gave an example of if they were worried about a staff member not doing things to keep people safe. Another member of staff had worked at the home for several years and told us, "It feels like home and the people and their families feel like family". They added that people, their relatives and staff were all made to feel welcome at any parties or events that were organised. A Christmas party was planned just after we inspected and attendance was expected to be high.

The manager had a clear vision and strategy about delivering personalised care for people. We asked the manager about their ideas for the future of Wisteria Lodge and about how they would achieve good outcomes for people. She said, "I'm very much about people going into the community" and talked about forging links with local schools, local disability organisations and with the nearby town of Uckfield. The manager explained her vision was about promoting people's independence and enabling them to lead fulfilling lives. The manager felt supported by the senior management team of the provider and told us, "Management are really good actually. I phone up other managers. If I'm stuck they will help out". She explained that staff were encouraged in their continual professional development, such as staff training to become nurses. From our observations it was clear that the manager was passionate about supporting people living with profound and complex needs. She spent a lot of time on the floor, encouraging and supporting staff as they worked alongside people.

The last manager deregistered in September 2018 and the new manager came into post in October 2018. All



notifications that were required to be sent to us by law had been completed and sent to the Commission as needed. The Commission's rating of the home, awarded at the last inspection, was on display at the home and on the provider's website.

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
Treatment of disease, disorder or injury	Care and treatment was not always provided in a safe way for service users. Regulation 12 (1)