

SHC Clemsfold Group Limited

Kingsmead Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Kingsmead Care Centre is a care home providing personal and nursing care to people with a range of needs in two units, both of which are located in one building. Kingsmead Haven provides nursing care and accommodation for people with a learning disability, physical disability and/or acquired brain injury and other complex needs. The nursing unit provides nursing care and accommodation for older people with a variety of healthcare needs and physical frailties including some people living with dementia. At the time of the inspection, nine people were receiving care in Kingsmead Haven and 11 people were receiving care in the nursing unit. The support can support up to 34 people.

Kingsmead Care Centre is owned and operated by the provider Sussex Healthcare. Services operated by Sussex Healthcare have been subject to a period of increased monitoring and support by local authority commissioners. Due to concerns raised about the provider, Sussex Healthcare is currently subject to a police investigation. This does not include Kingsmead Care Centre, but the investigation is on-going, and no conclusions have yet been reached.

Kingsmead Care Centre had been built and registered before the CQC policy for providers of learning disability or autism services 'Registering the Right Support' (RRS) had been published. The guidance and values included in the RRS policy advocate choice and promotion of independence and inclusion, so people using learning disability or autism services can live as ordinary a life as any other citizen.

Kingsmead Care Centre requires further development to be able to deliver support for people that is consistent with the values that underpin RRS. For example, the care planning process did not always consider people's goals, aspirations or promotion of independence.

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

Risks to people were not always assessed and mitigated. For example, risks associated with behaviours which challenge and moving and handling. People were not always supported to have maximum choice and control of their lives. The application of the Mental Capacity 2005 was inconsistent and capacity assessments were not always completed in line with legislation or in a person-centred way.

The provision of activities required further development. Activities were not consistently meaningful or tailored to people's needs. The care planning process required further development to ensure people's social and emotional needs were understood and met. Further work was required to ensure information about people's care and treatment was always made available in the most accessible way. Staff were responsive to people's needs, however, we observed an interaction whereby staff failed to recognise that a person was in distress.

Quality assurance frameworks were in place; however, these were not consistently effective in driving improvement or identifying shortfalls. Accurate documentation was not consistently maintained.

People told us that they felt safe living at Kingsmead Care Centre. Staff had received training on safeguarding adults and understood their roles and responsibilities to safeguard people from harm or abuse. The manager worked in partnership with healthcare professionals and learning was derived from incident, accidents and safeguarding concerns.

Staff felt supported and had access to a range of training. People's nutritional needs were met and people spoke highly of the food provided. Risks associated with catheter care, constipation and diabetes were managed well. People had ongoing access to healthcare professionals and staff recognised and responded well to signs that a person's health might be deteriorating.

Staff knew people well and demonstrated warmth towards the people they supported. People were involved in day to day decisions about their care and relatives could visit at any time.

A complaints policy was available in an accessible format and people told us that they would have no hesitations in making a formal complaint. People and staff spoke highly of the manager and the manager was compassionate about ensuring people received high quality care.

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

Rating at last inspection:

The service was last inspected in September 2018 and was rated as Requires Improvement (report published 4 February 2019). The provider was found to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made and the provider was still in breach of regulations.

The last rating for this service was Requires Improvement (published 4 February 2019). The service remains rated Requires Improvement. This service has been rated Requires Improvement for the last three consecutive inspections.

Why we inspected:

This was a planned inspection based on the previous rating. You can see what action we have asked the provider to take at the end of this full report.

Enforcement:

We imposed conditions on the provider's registration, due to repeated and significant concerns about the quality and safety of care at several services they operate. The conditions are therefore imposed at each service operated by the provider, including Kingsmead Care Centre.

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 have identified breaches in relation to Regulation 12 (Safe Care and Treatment), Regulation 17 (Good Governance), Regulation 9 (Person Centred Care) and Regulation 11 (Need for consent)

Full information about the Care Quality Commission's (CQC) regulatory response to more serious concerns found in inspections and appeals is added to reports after any representation and appeals have been concluded.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 not always Effective.

Details are in our Effective findings below.

Requires Improvement ●

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 consistently Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Kingsmead Care Centre

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 team consisted of two inspectors, a nurse 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.

Service and service type:

Kingsmead Care Centre 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 this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post and had applied to become the registered manager. They are referred to as 'manager' throughout the report.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

Before the inspection we reviewed information we held about the service. We considered the information which had been shared with us by the provider as well as the local authority, other agencies and health and social care professionals. 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 this

information to plan our inspection.

During the inspection:

We spoke with eight people living at the service and two visiting relatives. We spoke with two registered nurses, the deputy manager, manager, regional director, involvement and engagement manager, chef, activity coordinator and three staff members.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. 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.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. Further information was emailed to the inspection team following the inspection. We also sought feedback from three relatives and three staff members via telephone after the inspection.

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 has now deteriorated to 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:

- Care and support was provided to people who could display behaviours which challenge. Guidance produced by the Social Care Institute for Excellence explains that behaviour which challenges can often be a person trying to communicate a message and advised on exploring the message behind the behaviour. Care plans were in place for challenging behaviour, but these failed to consistently consider the behaviour and what the behaviour meant for the person.
- The care plan for one person identified that they could display behaviours such as verbal aggression. The triggers for this behaviour were identified as restlessness or not receiving care and support in a timely manner. Whilst information on triggers was available, a clear strategy on how to manage the behaviours was not in place. For example, the steps to take in the event of the person becoming verbally aggressive. A member of the management team told us that staff would provide the person with space and adjust their approach. Alternatively, support from a different staff member would be provided. This was also confirmed by different staff members we spoke with. However, this management plan was not recorded or accessible for new members of staff or agency staff. This posed a risk that the person would not be supported in a consistent manner.
- Safety monitoring and management systems were in place. For example, challenging behaviour care plans were reviewed on a regular basis. However, these monthly reviews failed to consider if the management plan remained robust, how many incidences had occurred that month, if any changes in the person's behaviour were noticed or if changes were needed to the person's support. For example, the monthly care plan review for one person who could experience behaviours which challenged failed to identify that they had recently been diagnosed with dementia. The care plan and care plan review failed to consider how this health event may impact on any behaviours which challenge.
- Where people displayed potential behaviours which challenged, these were not always explored to consider what the behaviours meant. Guidance was not consistently in place on how to manage self-injurious behaviours or behaviours that challenged. Guidance produced by the National Institute for Health and Care Excellence explains that behaviours which challenge for people living with a learning disability may serve a purpose for that person. Care and support was provided to several people living with a learning disability; however, staff and the provider had failed to consistently identify behaviours which challenged or explore what those behaviours meant for people. For example, one person's manual handling care plan identified self-injurious behaviours, such as biting their hand, shouting and rocking their wheelchair when distressed. Their care plan identified these behaviours as a possible risk when supporting the person with moving and handling but failed to explore why this activity would cause the person to become upset. Subsequent to the inspection, a challenging behaviour care plan was implemented which provided guidance to staff. However, we were not able to assess the impact and application of this support plan as it

had only been implemented following feedback from the inspection.

- Positive behaviour support plans (PBSPs) were not consistently in place to understand the function of the behaviour or guide staff to manage the risk. Not all staff had received specific positive behaviour support. However, staff had received conflict management training which provided staff with guidance on de-escalation. The manager was also in the process of booking staff onto positive behaviour support training. Whilst positive behaviour support plans were not in place, incident and accident documentation reflected a low number of incidents around behaviours which challenged. However, the absence of a functional assessment meant that the possible causes of these behaviours had not been fully explored.
- Similar concerns have already been highlighted to the provider about the management of behaviour that may challenge at some of their other services. Learning from these findings had not been appropriately used to improve support people with behaviours that may challenge at Kingsmead Care Centre.
- People required assistance from staff to meet their mobility needs. Guidance was not consistently in place on how to safely support people with their mobility needs in a person-centred way. For example, one person required support to mobilise due to their sight impairment. We observed care practice whereby staff supported the person in a manner which promoted their freedom but also provided the support they required. However, we also observed interactions whereby care staff provided support in a restrictive manner. For example, staff walked behind the person holding their shoulders. Information was not available for staff on how to safely support this person. This posed a risk that the person would not consistently be supported in a safe manner. Subsequent to the inspection, the manager confirmed that they had held supervisions and taken action to ensure staff supported the person in a consistent manner. The manager also confirmed that the person's moving and handling guidelines were reviewed and updated.
- Care and support was provided to a number of people living with epilepsy. Epilepsy care plans were in place; however, the risks associated with managing and responding to seizures at night time required further work. For example, one person's sleeping care plan referenced the need for 15-minute checks at night, however, this was not identified in their epilepsy care plan. Their epilepsy care plan identified the need to administer medicines if a seizure lasted more than five minutes. However, the risk of the person having a seizure in-between those 15-minute checks at night had not been identified and no plan of care or risk assessment was in place. The manager confirmed that a sensor had been ordered for one person which would alert night staff in the event of a person experiencing a seizure at night. However, whilst the sensor was on order and training was provided to staff, measures had not been implemented to reduce the risks to other people living with epilepsy who could experience seizures at night. We discussed these concerns with the manager who advised on the steps they would take to manage the risk. Subsequent to the inspection, the manager advised that monitors had been implemented to help manage the risk.

The failure to effectively mitigate risks to service users was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks were managed safely. Risks associated with diabetes and catheter care were safely managed.
- Risks around constipation had been highlighted to the provider at some of their other locations. We found that people's continence risks were being managed safely at Kingsmead Care Centre. Guidance was in place on the signs of constipation and clear protocols were in place and followed by staff in the event of a person not experiencing a bowel movement.
- Care and support was provided to four people who required enteral feeding and had a percutaneous endoscopic gastrostomy (PEG) feeding tube fitted. A PEG allows nutrition, fluids and medicines to be put directly into the stomach, bypassing the mouth and throat. Observations and documentation reflected that staff supported people to maintain their PEG site and staff supported people to advance and rotate their PEG when required.
- Fire risks were managed safely. There were up to date fire safety procedures and people had

individualised emergency evacuation plans. Risks around the environment were managed well and there was a maintenance worker who worked with the manager to ensure that water, gas and electricity were all safe.

- A business continuity plan was in place which considered the actions to take in the event of loss of power or having to evacuate the service.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong:

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The manager monitored accidents, incidents and safeguarding concerns, and learned from them to reduce the risk of them happening again.
- The manager monitored key risks on a monthly basis such as unplanned weight loss, unexpected hospital admissions, infections, pressure sores and falls. In April 2019, a number of unplanned hospital admissions occurred, and the manager worked in partnership with the provider's clinical lead to identify any issues around the hospital admissions. The manager told us, "We identified some issues with the recording of National Early Warning Score (NEWS) (this is a clinical assessment tool. NEWS determines the degree of illness of a person using physiological findings and observation). Staff had been recording on the NEWS but then not recording if the person required increased monitoring. We found staff were recording this elsewhere, but we felt this needed improvement, so I organised additional NEWS training for nursing staff."

Using medicines safely:

- People received their medicines on time and in a dignified manner. Medicines were administered by registered nurses who received regular training. Nursing staff were aware of good practice guidelines and this was observed in practice.
- Medicines administration record (MAR) charts were completed. MAR sheets contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. Medicines were ordered, stored and disposed of safely and appropriately.
- The storage of medicines was safe, and staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines. There were instructions for staff about giving medicines that people could take as and when they were needed, which ensured people had prescribed access to pain relief with suitable spaced doses.
- Staff checked the temperatures of rooms where medicines were kept. Records demonstrated that temperatures of rooms and fridges were in a safe range.

Staffing and recruitment:

- There were safe systems and processes for the recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. Systems and processes enabled checks to ensure that nurses were registered with the Nursing and Midwifery Council (NMC) and were fit to practice.
- The service was currently using some agency staff to ensure shifts were covered while they recruited to staff vacancies. A comprehensive agency staff induction process was in place and before agency staff completed their first shift at the service, the provider received a copy of their profile to ensure they had required skills and training to provide safe care. The profiles of agency nursing staff demonstrated that they received training on epilepsy awareness, PEG care and learning disability training. Wherever possible, the same agency staff were booked for continuity.
- A dependency tool was in place to help determine staffing levels. This considered people's level of care and the number of staff required to ensure people received safe care. This was reviewed on a regular basis

and the manager also completed a safer staffing tool on a daily basis to ensure staffing levels were sufficient and safe. Observations of care demonstrated that people's needs were responded to in a timely manner.

- People, relatives and staff felt staffing levels were sufficient. People told us that they received care in a timely manner and staff were accessible. One relative told us, "Great team of carers here."

Preventing and controlling infection:

- Staff had access to protective equipment such as gloves and aprons to use during personal care. During our inspection we saw that staff used these when supporting people, such as when doing baking activities or carrying out care.

- An infection control champion was in post and the service had recently received training alongside an infection control audit from the local authority. No concerns were identified from the audit.

- The service was clean and hygienic. The provider employed cleaning staff who carried out daily cleaning of all areas and equipment in use at the service.

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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- The manager told us, "We try and involve people, their relatives and support workers. We also try and provide the person with the right support, such as visual aids and enough information." However, we found that the provider did not always act in accordance with the Mental Capacity Act 2005 and the Code of Practice.
- The MCA Code of Practice 2005 advises that capacity assessments should be time and decision specific. We found that capacity assessment often considered multiple decisions in one. For example, people had capacity assessments in place which considered treatment, medical intervention and hospitalisation. The provider had failed to follow the principles of the Code of Practice as capacity assessments were not decision specific. This did not protect people's rights or consider their abilities to consent to some decisions over others.
- Some people required the support of restrictive practice interventions, such as lap belts, bed rails and sensor equipment. The use of these restrictive practices were reflected in people's DoLS applications and within a restrictive practice checklist. However, where people were unable to consent to the use of these restrictive practices, mental capacity assessments considered the use of restraint in one assessment. For example, one person had a capacity assessment in place which considered the need for lap belts and bed rails within one decision. Another person had a capacity assessment which considered use of restraints. Individual capacity assessments were not in place to consider whether the person was able to communicate, weigh up, understand and decide about the individual forms of restraint that were in place.

The failure to ensure service users consent to care and treatment had been sought in accordance with the Mental Capacity Act (MCA) 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- A number of people living had a Kingsmead Care Centre had an active DoLS authorisation in place. Where people had conditions in place, these conditions were being met. The manager kept an overview of DoLS application status for each person, including when it was applied for, granted and expired. Where renewals of DoLS authorisations were needed, these had been applied for in a timely manner.

Staff support: induction, training, skills and experience:

- Training records demonstrated that staff including agency staff had received training on epilepsy awareness. Overall, staff demonstrated a good understanding on the potential signs that a person may be about to experience a seizure. However, staff's knowledge on the different types of seizures that a person may experience varied. For example, some staff were unaware that one person required a different type of medicine if they experienced prolonged absence seizures. Information on the person's medicine regime was available in their care passport and documentation reflected that they had not experienced a prolonged absence seizure in a while. However, staff's knowledge on their management plan was an area that required improvement.
- The manager was passionate about staff training, ongoing development and competency. The manager told us how they supported staff to develop their training and become staff champions in various areas. They commented, "When I first came into post, I found that as a team, staff worked individually. I worked hard to create a team ethos and wanted to empower the staff and boost morale. Through empowering staff, I spoke to staff about becoming champions and in return it's made the staff feel appreciated and valued."
- Staff had become champions in safeguarding, moving and handling and other areas of care. Staff told us that they found it useful having a key person they could go to if they had any concerns or wanted to discuss a practice issue. Relatives confirmed that they felt staff were competent and skilled. One relative told us, "I have great confidence in the care staff."
- A training programme was available to staff and staff new to the care sector were also required to complete the Care Certificate, covering 15 standards of health and social care topics as part of their induction into working in health and social care. Staff spoke highly of the training provided. Training covered topics such as epilepsy awareness, profound multiple learning disability, moving and handling, autism awareness and training around the de-choker device.
- Care and support was provided to people who could display behaviours which challenged and to one person who communicated via Makaton (Makaton is designed to help hearing people with learning or communication difficulties). However, only one staff member could communicate via Makaton. This shortfall had been identified by the provider following a recent audit and training was due to be provided to staff on positive behaviour support and Makaton.
- Agency staff were also supported to receive training and have their competency assessed. All agency staff including nursing staff received training on the de-choker device (a life saving device that can be used for choking first aid) and alongside a competency assessment.
- Staff received ongoing support and supervision. Agency nursing staff also received informal support and supervisions would be provided following any concern raised.

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

- The provider was using nationally recognised, evidence-based guidance to track and monitor people's health outcomes, such as Waterlow charts to ensure people's skin was healthy and MUST (malnutrition universal screening tool) tools to monitor people's nutritional needs.
- For people living with a learning disability, a DISDAT (disability distress assessment tool) was in place to

help staff understand when people may be upset or in pain.

- The provider carried out assessments regarding people's physical, mental health and social needs prior to them moving into Kingsmead Care Centre. However, where people had experienced a life changing event, such as an acquired brain injury, information was not always gathered on how to support the person following such a significant life event and how person-centred care could be provided. We have discussed this further in the Responsive section of this report.

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

- Systems were in place to monitor people's healthcare needs. Staff recognised the signs that a person may be experiencing a urinary tract infection (UTI) or other infection. During the inspection, staff identified that one person was displaying signs that they were experiencing a UTI, staff tested their urine the same day, completed a NEWS score and sought medical advice to obtain antibiotics for the person.
- People's needs were detailed within hospital, or care passports which provided details to clinical staff as to what the persons current health and social care status was should they be admitted to hospital.
- Staff and the manager worked in partnership with healthcare professionals. Staff had recently received positive feedback from a healthcare professional around their interactions with people and how promptly they had acted on their recommendations and advice.
- Records demonstrated, and people confirmed that they had access to healthcare advice, and professional support when required. People received regular checks up with the dentist and optician. A GP visited the service weekly to provide ongoing support to the staff team.
- People with specific healthcare conditions had received support to access relevant specialist services and make referrals for on-going advice and treatment.

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

- People's needs were mostly met by the design and decoration of the service. For people living with dementia, the environment included dementia friendly signage to help orient people.
- People's bedrooms had been personalised with their own pictures, decorations and furnishings. Bedrooms were reflective of people's personality and interests. People told us that they could decorate their bedroom how they wished and were able to bring items of importance with them when they moved in.
- The service has been decorated with points of interests, pictures alongside arts and crafts made by people. Within the entrance to Kingsmead Care Centre was a staff tree with pictures of staff members alongside a poster welcoming people to the service.
- There was a communal lounge where people could spend time with each other or with visitors. People had access to garden facilities and the service was within close distance to Horsham town centre.
- The premises had been adapted to accommodate people with physical disability support needs. Equipment such as handrails had been installed in communal areas. There was a call bell system in bedrooms and communal areas of the home that allowed people to alert staff if they needed assistance. There were ramps instead of steps in some communal corridors to help allow for wheelchair access.
- The two units in the service were separate and each had their own communal areas. Not all bedrooms had en-suite facility however there were specialised baths and wet rooms for communal use.

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

- People spoke highly of the food provided and told us that they had enough to eat and drink. One person told us, "Food excellent, they have a proper chef. He comes and talks to you about the food, how it could be improved and what's it like"
- People were given choices of what they wished to eat, and this was provided in pictorial and written format to help people chose and decide. People were also provided alternatives if they requested this. The

chef had access to key information on people's dietary requirements, likes, dislikes and any allergies. Following any changes to people's nutritional needs, information was promptly passed to the chef to ensure their records remained up to date.

- Some people were at risk of malnutrition and dehydration. Staff monitored people's nutritional and hydration intake to monitor for any signs of dehydration or weight loss.

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 Good. At this inspection this key question has remained the same. 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:

- Relatives and staff spoke positively of staff's approach. One relative told us, "The staff are ever so kind and caring." Another relative told us, "Yes they are very caring. I watch all the time and I can see they are genuinely caring."
- Staff were able to tell us about people's personalities likes and dislikes and demonstrated their knowledge about people's culture, religion and what was important to them.
- People and their relatives felt that staff were kind and caring. One person told us, "Yes very without exception."
- Staff greeted people and checked on their wellbeing and comfort. Visitors to the service were welcomed and offered refreshments. The manager welcomed visitors and supported people and their loved ones to maintain their relationship.

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

- People were provided with opportunities to feedback their views as to how the service was run. One person told us, "We have resident meetings we can attend and give feedback."
- People and their relatives told us they were involved with making day to day decisions. Relatives told us they felt involved in their loved one's care and felt able to convey their thoughts and feelings. Staff were observed supporting people to make day to day decisions.

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

- Staff were knowledgeable about the care practice they delivered and understood how they contributed to people's health and wellbeing. We observed caring interactions where people's privacy, dignity and independence were respected. Staff were observed spending time with one person singing.
- Staff demonstrated warmth towards people and we observed that staff had great affection for the people they supported. Laughter was heard between staff and people and one relative told us, "The staff are great, very friendly and approachable."
- People told us that staff respected their dignity and privacy.
- People's religious and spiritual needs were identified and met. Spiritual care plans were in place which considered the support people required to ensure their spiritual and religious needs were met. One person's care plan identified that they liked to have a bible to hand for them to read, this was observed in practice.
- Confidentiality was supported. Information was locked away as necessary in a secure cupboard or filing cabinets. Computers and electronic devices used by the provider and staff were password protected to keep information secure.

Is the service responsive?

Our findings

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

At the last inspection in September 2018 this key question was rated as Requires Improvement. This was because the provision of activities was not consistently person centred and people were not always provided with meaningful activities. At this inspection, this key question has remained the same. Some improvements had been made but there was still further work to be done. This meant people's needs were not always met.

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

- At the last two inspections in September 2017 and 2018, the provision of activities for people on Kingsmead Haven was not consistently meaningful. Group activities were the same for all people and there was no evaluation of people's participation or enjoyment of activities that could assist staff in developing a more person-centred activity schedule. The provider was found to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.
- At this inspection, some improvements had been made, however, further work was required to ensure activities were meaningful and enhanced people's quality of life.
- For people living on Kingsmead Haven, individual activity programmes were in place which detailed day to day and group activities. On the first day of the inspection, activities included arts and crafts. Staff were observed doing arts and crafts whilst a number of people observed. One person's daily activity planner stated for the session to include hand over hand arts and crafts. This is where staff place their hand over the persons to help them engage with the activity. The person's care plan stated that they didn't enjoy their hand being held or touched. Their daily activity record stated that they often screamed during hand over hand sessions. Yet, their monthly activity reviews failed to identify or consider whether this activity was meaningful for this person or whether it primarily caused them distress and whether other activities should be tried.
- A range of group activities were scheduled on both Kingsmead Haven and the nursing unit. However, these group activities had not been based on people's interests, how staff matched people with the group activities and what the aim and objective of the session was. For example, on the first day we observed a music session. During the session, two people were observed to become distressed whilst others enjoyed the session. Staff had not thought about what the aim of the session was, how the music choice was devised, for example whether it was a playlist of people's favourite music and how they might tailor the session to meet people's individual needs.
- On the second day of the inspection, a baking activity took place in the lounge on the nursing unit and was attended by people from both the nursing unit and Kingsmead Haven. Whilst people from both units attended, consideration had not been given to the wide range of people's needs. Guidance produced by the Social Care Institute for Excellence advised that activities for people with dementia around food can provide people with a sense of purpose. People were supported to mix the mixture in the bowl, however for the remainder of the session, people observed. The session had not been planned around the skill mix of people

attending so that everyone was involved.

- People had weekly activity planners in place which provided an overview of their likes and hobbies. These activity planners did not always match up with the activities people participated in on a daily basis. For example, on the first day of the inspection, the activity planner for one person identified gardening as an activity for that day. The person told us, "I don't do gardening." Whilst the activity planners provided a guide, the tailoring of activities required further work to ensure activities were meaningful for people. One person's activity planner referenced a trip out once a week and this person told us that they enjoyed going out for scampi and chips. Their activity records dating back to 1 August 2019 reflected that they had not been on any trips out.
- Some people were supported to access a day centre provided at one of the provider's other locations. However, people's opportunity to access the wider community was limited. For example, one person's activity record from 25 July to 30 August 2019 noted that they had not accessed the wider community at all. According to their activity schedule and social care plan this was something they enjoyed doing.
- On the first day of the inspection, people receiving care on the nursing unit all stayed in their bedroom apart from one person. People did not access the communal areas for meals nor did they access the garden. Staff told us that this was people's choice and people confirmed that they were happy to stay in their bedroom. Daily activity records referenced the activity coordinator providing 20 minutes one to one activities which included hand massages. The care planning and review process failed to assess and consider whether the provision of 20 minute one to one activities throughout the week was sufficient and met people's needs.
- People's level of engagement and participation in group activities and one to one activities was assessed and recorded. This information was not used in the review of activities and social care plans. For example, where's people's level of participation had been assessed as low, there was no consideration as to whether changes were needed to the activity schedule to ensure people's level of participation and enjoyment improved.
- People did not consistently receive personalised care as staff failed to consistently identify when people were in distress. During an activity session on the first day of the inspection, one person was observed to hit themselves, they continued to hit themselves on a further three occasions without staff intervening and providing support. We brought this to the attention of a staff member who advised that it was a sign the person was tired. Staff then supported the person to access their bedroom. However, staff failed to proactively notice this sign of distress. During the inspection, we observed occasions where staff did identify that people were in distress and took appropriate action.
- Care and support was provided to a number of people in wheelchairs. Throughout the inspection, staff were observed explaining to people where they were going before supporting them to move in their wheelchair, yet this practice was not consistent. During an activity session, staff were observed moving people's wheelchairs without explaining what was happening and where they were going.
- Before people moved into Kingsmead Care Centre, a pre-admission assessment took place, and this formulated the care plans. Care plans considered people's medical needs, social, physical and nutritional needs. Care planning was not consistently robust. For example, where people had experienced life changing events, the care planning process failed to consider the emotional support a person might need. For example, one person experienced a life changing event which led from them living abroad to requiring 24-hour nursing care. A mental health and wellbeing care plan were in place, however, these failed to consider the impact of their health event and how their wellbeing might be affected by such a significant change in their life. Another person was diagnosed with dementia in 2018. A dementia care plan was in place, but this failed to consider or reflect how the person felt about their diagnosis or how it might affect their day to day functioning. A member of the management team told us that they were monitoring the person for any signs of changes in their cognition. The monthly care plan review failed to identify what changes had been noticed for that month.

- Communication care plans were in place which referenced if people were living with a sensory impairment. The care plan for one person identified that they were living with a sensory impairment but could communicate their needs. Information was not available on how they would receive information and correspondence in a format that they could read and understand. Their monthly care plan reviews identified that they agreed with their care plan but did not show how staff had involved the person in the review. The manager told us that they involved people where possible with their care plans or their relatives. However, documentation failed to reflect how the service was providing information in a format that they could access and understand.
- People's involvement with their care plan was limited. Whilst monthly care plan reviews took place, it was not always recorded how people were involved in that process and how information was provided in an accessible format. One person's monthly care plan review referenced 'non applicable' for service user comments. Where information was provided, such as weekly activity planners, the format of this information was not always personalised. For example, one person living with a significant sight impairment was provided with a pictorial activity planner. This demonstrated lack of personalised care alongside lack of assessment around communication needs. Information was provided verbally to the person, however, the assessment process failed to consider if this information could be provided in any other formats to make it meaningful.
- Guidance produced by NHS England and the Department of Health and Social Care 'Valuing People a New Strategy for Learning Disabilities for the 21st Century' advises that care and support should be personalised, enabling the person to achieve their hopes, goals and aspirations. The principles of registering the right support also focused on supporting people to set goals and achieve their potential. However, people living at Kingsmead Care Centre were not supported to set goals or aspirations for the future. The provider's involvement and engagement manager told us that this was an initiative they were hoping to implement.

The failure to provide centred care was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other areas of care were responsive, and person centred. Staff had worked in partnership with one person who was identified at risk of dehydration and malnutrition and was withdrawn upon admission to the service. Through partnership with the person, staff improved their nutritional intake and the person's engagement with activities increased. Activity records demonstrated that staff were taking the person on shopping trips and trips out. The manager told us, "The outcome for this person has been really positive."
- Staff supported people to attend regular physiotherapy and hydrotherapy to ensure their mobility needs were maintained and promoted.
- People were supported to attend events that were important to them. For example, the manager was working with one person's family to ensure staff supported them to attend a family memorial.
- Staff demonstrated a knowledge of people's interests. During the inspection, one person was encouraged to play their musical instrument for people. Staff sang along to the music played. In return, this promoted the person's passion and ability to continue playing the musical instrument.
- The manager had been working with the provider's involvement and engagement manager to implement life story books for people. This included key information on people's background, life history and key events that were important to people.
- The involvement and engagement manager was working with the manager to consider how activities could be more meaningful and how the culture of activities could be improved. They were considering looking at different working hours for activity staff and increasing community involvement. An action plan had been devised and the involvement and engagement manager was also working with the manager and staff to introduce key working and committee meetings to be chaired by people living at the service. Improvements were ongoing at the time of the inspection.

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.

- At the last inspection in September 2018, meeting people's communication needs was an area of practice that required improvement. This was because information was not consistently available in a format that was accessible to people. For example, signs around the service were in written format and not in a format that was accessible to people. At this inspection, improvements had been made but further work was required.
- Signs and notices displayed in Kingsmead Haven were now displayed in pictorial format and at a suitable level for people using wheelchairs. A copy of the provider's complaints policy was available in pictorial format and people's weekly activity timetables were also available in pictorial format. Meeting minutes of resident's meetings for people living on Kingsmead Haven were now provided in pictorial format. However, further work was required. For example, the menu and activity board displayed in the communal lounge in Kingsmead Haven was written and not available in an alternative format. Staff members provided this information to people verbally, however, it meant that people were reliant upon staff to inform them of their meal choices and the activities available for that day.
- Care and support was provided to a number of people with sensory impairment, such as sight impairment. Steps had been taken to ensure information was provided in an accessible format. For example, one person received audio newspapers.

Improving care quality in response to complaints or concerns

- A complaints policy was available and, in a format, accessible for people to understand. People and their relatives told us that they would not hesitate in raising concerns and felt confident that these would be acted upon.
- There was a log of all complaints and the actions taken by the management team. Complaints received had been reviewed, investigated and feedback provided within a dedicated time-period. There were no formal complaints open at the time of our inspection. The manager told us that all complaints received were used to help learning and development.

End of life care and support:

- There was nobody receiving end of life care at Kingsmead Care Centre on the day of the inspection. Staff were working in partnership with the GP as one person's health was deteriorating.
- The service had links with the local hospice and staff had received end of life training. The manager told us, "We recognise that end of life care for relatives is also difficult and we try and provide emotional support and also sign post relatives to the hospice who can also provide counselling and support."
- Advanced end of life care plans were in place and had been sent to relatives for completion to gather further information.
- Staff and manager worked in partnership with people, relatives and the local hospice to ensure plans were in place in the event of a person's health deteriorating and the person required end of life care.

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 in September 2018 this key question was rated as Requires Improvement. This was because the quality assurance system needed to be further developed and embedded into everyday practice. At this inspection this key question has remained the same. A quality assurance framework was in place but was not consistently robust in identifying shortfalls and driving 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: Continuous learning and improving care:

- At the last inspection in September 2018, the provider was awarded an overall rating of Requires Improvement and was found to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Areas for improvement were also identified. At this inspection, whilst some improvements were found, the quality of care had not consistently been maintained. Areas of concern identified included application of the Mental Capacity Act, person-centred activities, behaviour management and operation of the accessible information standard. All of these issues have been highlighted as themes to the provider at inspections of some of their other services. Despite this, learning from CQC inspections had not been shared effectively or used to improve the standards of safety and quality at Kingsmead Care Centre.
- A quality assurance framework system was in place which included a range of audits. The provider also had a condition imposed on their registration which required them to monitor the safety and provision of care provided at Kingsmead Care Centre. These audits were not consistent in identifying shortfalls and driving improvement. For example, the provider's quality team completed an audit on 30 August 2019 which found the service to be compliant with the requirements of the Mental Capacity Act. However, we found that capacity assessments had not been completed in line with legal requirements.
- We identified a number of discrepancies between the findings from the provider's quality team audit and our regulatory findings. For example, the provider's quality team internal audit reflected that evidence was in place that people were involved in their care plans as reflected in monthly reviews. However, we identified that it was not consistently clear how people were involved. The provider's quality audit also identified that evidence was available that activities were taking place throughout the year. The provider's audit failed to demonstrate that the provision of activities was not consistently meaningful or person-centred.
- The provider's quality team visited the service every six months and in between those audits, monthly care plan audits also took place. Despite this framework in place, shortfalls with documentation had not been identified. For example, the provider quality audit completed on 30 August 2019 identified that end of life care plans were in place but had not checked the quality. We identified that whilst end of life care plans were in place, they often lacked information and detail. For example, the end of life care plan for one person identified under spiritual needs that their faith was Church of England. There was no further information available on how that may impact on their end of life care or how their beliefs would affect their care. The

manager told us that when family members returned end of life care plans, they would sit down with family members and people to review the care plan and where possible gather further information.

Documentation failed to reflect that this was occurring in practice.

- A number of people required the administration of their medicines via their PEG and some people had a PEG in place but also received some medicines orally. Medicines administration record (MAR) charts did not consistently identify the route of administration, steps were taken during the inspection to amend this. Where people received some medicines orally but required a PEG for nutritional intake due to known choking and aspiration risks, a specific risk assessment was not in place to demonstrate how the medicines could be administered orally in a safe manner. We discussed these concerns with the manager who identified that these medicines were absorbed immediately. They also said they would also seek advice from the GP as one person was prescribed medicines orally but had not required the administration of the medicines in a significant period. Whilst the risk to people was low, the provider's internal quality assurance framework failed to identify this shortfall.
- Care plans were reviewed on a monthly basis; however, these failed to consistently identify shortfalls or drive improvement. For example, one person had a DoLS condition in place which referenced accessing hydrotherapy and physiotherapy on a regular basis. The DoLS condition also referenced the need for a more personalised approach to meeting social care needs and support to maintain relationships with extended family. These DoLS conditions were not reflected in the person's social care plan and their monthly care plan review failed to identify and consider if these DoLS conditions were being met. The person's relative spoke highly of the service that was provided to meet their social care needs. However, documentation failed to reflect and underpin that these needs and DoLS conditions were being met.
- The care plan for one person identified that they had experienced two hospital admissions throughout 2019. Their hospital discharge summary referred to gallstones (gallstones are small stones, usually made of cholesterol, that form in the gallbladder). Information was not available as to whether the person's diagnosis of gallstones had been followed up to ascertain that no further treatment was needed. We brought these concerns to the attention of the manager who agreed to raise these concerns with the person's GP. The manager feedback during the inspection that the person's GP had confirmed that no treatment was required. Whilst no action was required on this occasion, the provider's internal quality assurance framework failed to identify this shortfall.
- A range of daily monitoring documentation was in place such as repositioning charts and night time checks. Care and support was provided to people living with epilepsy and who required 15 minutes checks at night. Documentation failed to reflect that these checks were taking place. Staff told us that they undertook these checks, however, documentation failed to confirm this. The provider's internal quality assurance framework also failed to identify this shortfall.

There was a failure to assess and monitor and to improve the quality and safety of the services provided. There was a failure to maintain an accurate and contemporaneous record in respect of each service user. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager demonstrated compassion and dedication towards Kingsmead Care Centre. They spoke about their vision to provide high quality care and were passionate about making positive changes.
- The provider and manager were looking at new initiatives to drive quality and improvement. The manager had recently completed a risk data matrix. This matrix considered the needs of people and the risks associated with their care. For example, it considered who required support with a PEG, who was living with epilepsy and other care needs. The manager told us, "The plan moving forward is to use this matrix to ensure staff have the required skill set to support people."
- The provider was also considering how clinical risks could be managed moving forward. The manager told us, "A decision was recently made for clinical risk meetings to be held monthly. These meetings will consider

clinical risk, staffing risk and health and safety risks. Any actions that fall out of these meetings will be added to our service improvement plan."

- We identified that some systems were working well at the service. This included the National Early Warning Score (NEWS) we sampled. This is a clinical assessment tool. NEWS determines the degree of illness of a person using physiological findings and observation. We found the NEWS was being completed as intended and was used as a method of assessment when a person became unwell.
- Audits were being completed to evidence that checks around cleanliness were being completed and the risk of infection was being managed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good 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 manager had an active presence in the service. Staff told us they felt supported by the manager and management team. The manager had been in post a year and spoke about the actions they had taken to boost staff morale and create a staff team that worked well together and were valued. Staff, people and relatives told us that the manager operated an open-door policy.
- The manager had been in post for over a year and was in the process of applying to become the registered manager.
- The provider had a mission statement and set of values in place which governed the day to day running of the service. The manager told us these values were discussed during staff supervisions and also formed part of the recruitment process. However, the manager and regional director advised that steps were being taken to re-look at the provider's governing values and enable people to devise their own values which underpin the day to day running of Sussex Health Care. The regional director told us, "Staff and people are being supported to develop the visions and values of the organisation. Staff have put ideas forwards for new visions and values which will be circulated to people and their relatives for consultation. The idea is that staff and people have brought into the visions and these will run through the organisation."
- The manager and provider worked in partnership with staff members to ensure they felt supported and valued. During the inspection process was professional care workers day. Staff's recognition was identified, and staff were awarded for their hard work.
- The registered manager was aware of the duty of candour to be open and honest with people, or their families, when something goes wrong.
- The CQC's rating of the home, awarded at the last inspection, was on display at the home and on the provider's website.
- People and their relatives spoke highly of the service. One relative told us, "I like the fact I feel a lot more relaxed, knowing she gets the attention she's entitled to and what she needs." Another relative told us, "Lovely room, lovely view, the staff are all so good."

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

- The provider sent surveys asking staff, people and their relatives views on the care provided. Feedback from people was positive and one person commented, 'the service is very good.'
- People and staff were involved in the running of the service; staff meetings took place regularly which provided staff with the forum to raise any concerns or discuss any ideas. 'Resident' meetings also take place and people were able to put their ideas forward.
- The manager had spent time building rapport with the local authority and healthcare professionals. They commented, "A key challenge has been admissions and I've been focusing on building my relationship with the local authority. I feel we now have a good rapport and we are now admitting new service users. I ensure that where people have a funded need such as one to one or physiotherapy, that they always receive that."

That was a concern here when I first started but I have worked hard to ensure that where people have funded care, they always receive that care."

- Staff and the manager worked well with healthcare professionals and any advice or recommendations were always followed up and acted upon. The service had received a number of compliments from relatives and healthcare professionals on their partnership working.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Care and treatment of service users was not provided with the consent of the relevant persons. Regulation 11 (1) (2) (3).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The care and treatment of service users was not appropriate, did not meet their needs and did not reflect their preferences. Regulation 9 (1) (a) (b) (c).

The enforcement action we took:

We imposed a condition on the provider's registration.

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 provided in a safe way for service users. Regulation 12 (1) (2) (a) (b).

The enforcement action we took:

We imposed a condition on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems or processes were not established and operated effectively to ensure compliance with the requirements of the regulations. Regulation 17 (1) (2) (a) (b) (c).

The enforcement action we took:

We imposed a condition on the provider's registration.