

Shaw Healthcare Limited

Rotherlea

Inspection report

Dawtry Road
Petworth
West Sussex
GU28 0EA

Tel: 01798345940
Website: www.shaw.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rotherlea is situated in Petworth, West Sussex and is one of a group of homes owned by a national provider, Shaw Healthcare Limited. It is a residential 'care home' for up to 70 people some of whom are living with dementia, physical disabilities, older age and frailty. At the time of the inspection there were 57 people living in the home.

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

The provider had not always fully considered people's assessed needs when allocating and deploying staff. People, relatives and staff told us that there was insufficient staffing to meet people's needs and our observations and findings confirmed this. Medicines management had improved and people received their medicines as prescribed. People received safe care and treatment to meet their assessed needs. There was good oversight of people's hydration and nutrition to ensure they maintained good health. People were safeguarded from abuse and improper treatment and risks were managed. When there were concerns the registered manager had liaised with external health and social care professionals. People were protected from the risk of infection and staff ensured good infection control was maintained. Incidents and concerns found at the previous inspections were used as opportunities to learn and improve practice.

There are concerns about the provider's abilities to sufficiently improve the service. The provider's values were not always demonstrated through their practice. Decisions that had been made had not always considered the impact on people's experiences and the quality of care they received. People, relatives and staff were complimentary about the registered manager and management team. They told us the home was well-led and they had confidence in the registered manager's abilities. The registered manager and her team had worked hard to make improvements to people's experiences and had plans to improve this even further. They had worked alongside health and social care professionals to improve staff's understanding and the quality of care that they provided.

We recommended that the provider continued to seek support from reputable sources to ensure that they provided accessible information to meet peoples needs.

Work was on-going to further improve person-centred care and people's access to sources of stimulation and interaction to occupy their time. Some people spent extended periods of time without interaction or stimulation with others. The provider and registered manager had embraced support they had received from external professionals to help ensure that people's needs were appropriately assessed and planned for. People had received appropriate end of life care to maintain their comfort.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported by skilled and experienced staff who demonstrated good practice when supporting people. People had access to external health care professionals and were supported to

maintain their health. People had access to sufficient food to ensure they received a balanced diet.

People's privacy and dignity was maintained, and they were treated in a respectful way. People told us that staff were kind and caring and they were complimentary about staffs' compassionate nature. Observations showed staff knew people well and they were considerate and caring.

Rating at last inspection and update

The last rating for this home was Requires Improvement. (Published 10 August 2019). There were breaches of regulation. We served two Warning Notices and the provider was required to become compliant. At this inspection, significant improvements had been made in relation to people's safety and the provider was no longer in breach of one of the Regulations. We continue to have concerns about the provider's leadership and management and not enough improvement has been made by the provider. They are in continued breach of the Regulation.

Why we inspected

This was a planned inspection based on the previous rating. We had planned to undertake a focused inspection to check the registered manager's and provider's progress and the improvements made since we had served Warning Notices at the last inspection for breaches of two Regulations. We found significant improvements in some of the key questions had been made and therefore undertook a comprehensive inspection.

Enforcement

We have found evidence that the provider needs to make further improvements. We have identified a breach in relation to staffing and the provider's leadership and management. You can see what action we have asked the provider to take at the end of this full report.

Follow-up

We will continue to monitor the intelligence we receive about this home. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and the local authority to monitor progress. We plan to inspect in line with our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last inspection, by selecting the 'all reports' link for Rotherlea on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rotherlea

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by two Inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We liaised with health and social care professionals for their feedback. We had not asked the provider to submit a provider information return (PIR) since the last inspection as we were inspecting the home to follow-up on previous enforcement action. A PIR 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.

During the inspection

We observed the care and support people 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. We spoke with six people and three relatives, nine members of staff, two deputy managers and the registered manager. We reviewed a range of records about people's care and how the service was managed. These included the individual care and medicine administration records for nine people. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the home, which included policies and procedures, were also reviewed.

After the inspection

We sought assurances from the registered manager in relation to medicines management.

Is the service safe?

Our findings

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

Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection this key question was rated as Requires Improvement. This was because there were concerns about people's safety. Some people who required a modified diet had been provided with high-risk food, medicines management was not always safe, and people were not always supported to move and position in a safe way. We found a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice and the provider was required to become compliant by 31 August 2019.

At this inspection, significant improvements had been made. There was increased oversight of people's care to ensure they received care that was safe. The provider is no longer in breach of the Regulation. We found new concerns in relation to staffing and this key question remains Requires Improvements. This meant some aspects of the service were not always safe.

- Medicines management had improved. People's medicines were well-managed and there was better oversight to ensure that people received their medicines according to prescribing guidance. The management team undertook regular checks to help ensure that areas previously identified as needing requirement at the last inspection, were improved. The registered manager had sometimes liaised with GPs to ensure that the prescribing guidance was appropriate for people's lifestyle and preferences.
- People who had difficulties swallowing and were at increased risk of choking, required a modified diet. Staff had been provided with additional learning and development to increase their awareness and there were clear guidelines and regular checks to ensure that people were receiving food that was safe and met their assessed needs.
- People and their relatives told us people were safe. A relative told us, "My relative is absolutely safe here, I come in every day so I am well-placed to know what goes on."
- People were supported by staff to safely move and position when they required assistance with their mobility or repositioning. The provider had worked with an external moving and positioning advisor and improvements had been made to the guidance available to staff. For example, photographs and clear instructions of the types of hoist slings were provided.
- People were involved in discussions and their right to take certain risks was respected. For example, people at risk of falls were able to continue to mobilise independently. The provider had ensured they had access to appropriate equipment and means of calling for help should they require assistance.
- Equipment was regularly checked to ensure it was safe to use. Plans ensured that people could safely evacuate the building in the event of an emergency.

Staffing and recruitment

- Staffing levels were not always sufficient to meet people's needs. People, relatives and staff told us that there were not enough staff and that this sometimes impacted on the care people received. Staffing levels

raised concerns about how people's needs could be met in a timely way by staff. The provider did not have a formal process to review and assess staffing levels to ensure they were aligned to people's individually assessed needs, instead regular meetings were held to discuss staffing and the impact the occupancy of the home as well as people's collective needs, might have on the amount of staff required. It was not always apparent that this was an effective way of accurately ensuring that people's individual needs had been fully taken into consideration when allocating and deploying staff. The occupancy of the home had decreased and the provider had recently reduced staffing levels during the day due to the lower occupancy.

- Staffing rotas for the night showed that there were seven support workers deployed across seven units of up to ten people. These members of staff supported people with their personal care and moving and positioning needs. Additionally, there was one team leader who was responsible for administering medicines for all people that required them as well as supervising the support workers across the seven units. Some people had been assessed as needing two members of staff to support them. One person told us, "If I press my bell in the night I can wait a while before anyone appears."
- Changes to the amount of care staff who worked during the day also raised concerns about the provider's consideration of the impact staffing changes might have on people's experiences. Four units of the home were for older people who sometimes required assistance with their physical health and moving and positioning. Some people who resided on the same unit required assistance by two members of staff, however, units were staffed by one member of staff. This increased the potential that people would need to wait for support and if people needed assistance a member of staff would have to leave their unit to support the other member of staff, therefore potentially leaving their unit without a member of staff to support other people who might need support with their mobility or personal hygiene needs.
- Staff felt that staffing levels did not meet people's assessed level of need and that although occupancy levels of the home had decreased, some people's needs and their dependency on staff, had increased. A member of staff told us, "There is no thought behind it, we get lower on numbers and they automatically reduce the staffing, they don't think about people's needs and the care they need."
- People praised staff's practices yet told us that staffing levels impacted on their care. One person told us, "There is not always enough staff around." A relative told us, "They are often short of staff, particularly at weekends." This corresponded with some of our findings which showed that at times the numbers of staff allocated to support people with their personal hygiene and moving and positioning needs were lower than those during the week.
- Staff told us they were disheartened by the reduction in staffing, that they wanted to spend more time with people yet felt frustrated and unable to do this due to the staffing levels and the processes expected of them. They told us they had worked hard to make improvements and ensure that when people required assistance they received this in a timely way. They told us they felt the provider did not understand the impact of their decisions on people's care and that at times, the reduction in staffing left them too busy to meet people's needs appropriately. For example, one person had been assessed as needing to have 15-minute checks due to their health condition. On the day of the inspection, records showed and staff confirmed that these checks had not always been completed. Records showed that the person had not been monitored for almost four hours, despite requiring 15 minutes checks to ensure their well-being and safety. Staff told us that it was not possible for one member of staff to provide care for up to 10 people as well as undertaking these tasks and that they did their best to ensure all people's needs were met. One member of staff told us, "Sometimes it is okay, sometimes it is horrendous". Another member of staff told us, "Invariably it is the residents who don't get the focus they should get."
- People and relatives told us that staff were busy and task-focused and were unable to spend time with people to meet their individual, emotional and social needs and our observations confirmed this. We observed that staff did not always have time to spend with people and although in the vicinity where people were, they were busy with tasks and completing documentation and there were missed opportunities for interacting with people.

- Following the inspection, the registered manager notified us that one person had experienced a fall and had sustained a fracture. The person had a history of falls and staff had been provided with guidance which advised that the person needed to be supervised when mobilising. Staffing rotas showed that on the day of the person's fall there was only one member of staff allocated to support people on the unit where the person resided, with an additional 'floating' member of staff allocated to support people across two units, each for up to 10 people. Both members of staff had needed to support two other people with their personal hygiene needs and were not in the vicinity when the person fell whilst mobilising. This further demonstrated that staffing levels were not aligned to people's assessed level of need and the provider had not considered this when reducing staffing levels and deploying staff.

The provider had not ensured that there was sufficient staff to meet people's assessed levels of need. This increased the risk of people's needs not being met in a timely way. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When the feedback about people having to wait for support at night was raised with the provider, they explained that they monitored call response times to ensure that people did not wait for excessive periods.

- We observed a committed staff team who worked together as a team and shared responsibilities and roles to ensure people's needs continued to be met. For example, we saw staff who were allocated as domestic staff and activity coordinators during the inspection, yet who also held roles as support workers on other days, support people with moving and positioning or their personal hygiene needs. This demonstrated that the registered manager had been creative and had utilised the skills of staff to ensure the impact on people's experiences, due to the effects of staffing numbers, in relation to staff who were allocated to support people with their needs, were lessened.
- The provider had assured themselves that staff were of good character and suitable for the role before they started work. Recruitment processes had been revised to help the provider appoint staff who shared their values.

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

- People were protected from the risk of abuse. Following safeguarding concerns that were found at the last inspection, the registered manager had worked with the local authority to ensure improvements to people's care were made.
- Staff understood the signs and symptoms that could indicate that people were at risk of harm. One member of staff told us that when caring for a person living with dementia they, "Look out for facial expressions and changes in behaviour. I would go to a team leaders and fill out body charts and incident reports." The registered manager had shared other information with external health and social care professionals when they had identified concerns about people's safety and had worked alongside them to assist them with their enquiries.
- People told us they felt safe and they would speak to staff if they had concerns and felt comfortable doing so. One person told us, "Yes, I feel totally safe here, all the staff are absolutely wonderful. I have no complaints about any of them."
- The provider and registered manager had learned from issues found at the last inspection as well as at inspections of the provider's other services within the Sussex area. Changes to procedures had been made to ensure improvements. This related to people who required a modified diet or who were at risk of malnutrition having access to enough, appropriate food, the management of certain medicines and The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) being complied with.

Preventing and controlling infection

- People were protected from the spread of infection. Staff used protective equipment and disposed of waste appropriately. The environment was clean, and people told us they were happy with the cleanliness of the home. One person told us, "It's clean and well-maintained."
- The provider assured themselves that infection prevention and control was maintained by conducting audits.
- Staff responsible for preparing food had received appropriate food hygiene training.

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, the provider had not always ensured people received safe care and treatment and there was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people who were at risk of malnutrition and dehydration had not been supported appropriately to minimise risk. Assessments of people's needs had not always been completed in a timely way to ensure staff were provided with up-to-date guidance.

At this inspection, the registered manager and her team had worked hard to make improvements. There was good oversight of people's needs to ensure risks were managed. The provider was no longer in breach of Regulation 12 and this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's holistic needs were assessed in a timely way and in accordance with best practice guidance. The provider had worked with external health and social care professionals to reassess and review people's needs to ensure that there was a better focus and emphasis on people's care needs and preferences. This had helped ensure that people's needs were effectively assessed and met.
- People assessed as being at increased risk of malnutrition and dehydration had received safe and effective care. There was better guidance for staff and an increased oversight of people's care to ensure they received effective support to maintain their health. People's weight had stabilised as they were provided with food and snacks that were fortified to increase their caloric intake. When people's fluid intake was lower than their recommended daily allowance, staff had contacted external health care professionals for further advice and guidance.
- People's physical needs had been assessed and people were provided with equipment to enable them to be treated equally with others. For example, when people had physical disabilities they had access to hoists or mobilising wheelchairs to support them to move and position.
- Oral health assessments had been completed to ensure that staff were aware of the support people required to maintain their oral hygiene.
- People told us they had access to external healthcare professionals to help maintain their health and to seek medical assistance if they were unwell. Staff liaised and worked alongside external healthcare professionals to help ensure people received coordinated care.
- Technology was used so that people were able to call for staff's assistance by using call bells. For people who were unable to use call bells, due to their level of understanding, sensor mats were used so that when people stepped on these, staff were alerted and were able to go to the person's aid.

Staff support: induction, training, skills and experience

- Staff were skilled and experienced to meet people's needs. The registered manager and her team had ensured that agency staff's skills were assessed before they started to support people. This helped ensure that they held the necessary skills to support people safely and effectively. When speaking about the staff team one person told us, "I don't know what training they have but they seem to do a very good job, very patient."
- Staff had undertaken learning and development that enabled them to support people effectively. This included working with external health and social care professionals to gain new skills that helped meet people's specific needs. Observations of staff's practice demonstrated that they knew how to support people in a caring, safe and effective way.
- Although our observations showed staff were competent when supporting people living with dementia, the provider had identified that the quality of training could be improved further. Staff had previously completed on-line training and the provider was in the process of arranging face-to-face training for staff to help increase their understanding and awareness.
- The provider had worked with the local authority and had encouraged staff to undertake courses provided by them to further develop their skills. Shared learning had been encouraged and the provider had worked alongside the local authority to help improve staff's awareness of providing good quality and effective care.
- The registered manager had introduced champion roles which enabled staff to specialise in topics related to people's care needs and share this with other members of staff.
- Staff told us they felt well-supported by the management team and that they were able to approach them for support and guidance. Formal supervisions were provided to enable staff to reflect on their practice and receive feedback from managers to help their learning and development.

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

- People were complimentary about the food. They told us they had choice and were provided with alternatives if they disliked the food served.
- Staff encouraged people to eat and drink. People were observed having drinks and snacks throughout the day.
- When people required support to maintain a healthy weight, meals had been fortified with products such as full-fat milk, cream and cheese to help increase people's calorie intake. One person told us, "I think the staff are very good. I have been unwell over the last few months and I lost a lot of weight, so they give me extra food to help build me up."
- When people required a modified diet, staff had ensured that these were presented in an appetising way. Each item of food had been pureed and presented as separate portions on the plate so that the person would be able to differentiate the types of food.

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

- The registered manager was in the process of further improving the environment for people living with dementia. They had ordered door wraps that reflected people's individual level of understanding. They explained that depending on the time and place that the person remembered best, they could choose what type of door wrap they had on their bedroom doors. For example, the colour of their front door and the name of the street that they remembered. This would help people to orientate around the home and to easily find their own rooms.
- Work was on-going to further improve the environment for people living with dementia. External social care professionals had worked with staff to increase their understanding and awareness. Items to provide sensory experiences and stimulation had been placed in communal corridors. For example, different coloured boards which displayed familiar items such as kitchen or cleaning equipment. These could be taken off the board by people to touch or use if they so wished. A wall had also been decorated with

different hats and scarfs that people could touch and wear.

- People had adequate space to move around the home. People were observed mobilising independently with their mobility aids. One person told us, "I walk around in a loop, it helps my legs."
- People had private rooms if they wished to spend time alone or receive visitors in privacy. People had been encouraged to personalise their rooms with items that were important to them. This helped to create a homely atmosphere.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider 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.

- When people had a health condition that had the potential to affect their understanding and decision-making abilities, staff had worked in accordance with the MCA. They had undertaken mental capacity assessments for specific decisions relating to people's care. When people were unable to make decisions for themselves, staff had liaised with people's relatives and external health professionals to ensure any decisions made were in people's best interests. When people had appointed others to act on their behalf, for example, a Lasting Power of Attorney, the registered manager had assured herself that they had appropriate legal authority and had obtained copies of documents before liaising and sharing information with others.
- There was good oversight of MCA and DoLS. The registered manager had ensured that when required, DoLS applications were made. When DoLS had been authorised by the local authority, they had sometimes placed conditions on them. We saw that these were met and complied with. For example, one person's DoLS authorisation required staff to plan and monitor the use of certain medicines that had been prescribed for the person.
- Staff had a good understanding of MCA and DoLS. They were aware of who had a DoLS in place and what this meant for the person.

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 Requires Improvements. This was because although people felt that permanent staff were kind and caring, they told us that agency staff did not always have a caring approach. At this inspection, people told us all staff were kind and caring and this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with compassion and they received dignified care and our observations confirmed this. A caring culture was created by the management team and this was shared by staff who were gentle in their approach and kind and caring. They took time to explain their actions and offer reassurance. One member of staff was heard offering praise and encouragement when one person was attempting to mobilise independently. The person was heard telling the member of staff, "You're really good for my ego, I feel better already." A relative told us, "They have been absolutely brilliant. They are very patient, and I think that has been a big part of helping them to settle in." One person told us, "They are very caring, I have been quite poorly, and they have been really lovely to me. I couldn't ask for better."
- Staff knew people well, they recognised their individuality and supported people's diversity, adapting their care to meet their needs and preferences. For example, one member of staff offered one person a glass of wine after they had eaten their lunch as they knew this is what the person had enjoyed when they lived at home.
- When people required assistance with their personal care needs, staff supported them in a discreet and sensitive way. People told us that staff maintained their privacy. One member of staff explained how they supported people to maintain their privacy and dignity, they told us, "I will draw the curtains and shut the door when giving personal care and put a towel over their lap."
- When people who were living with dementia displayed signs of apparent anxiety, staff took time to speak with them and offer reassurance. For example, one member of staff was prompt in recognising that two people were having a disagreement with one another. They quickly intervened and spoke with each of the people, taking time to find out what was wrong and how they could offer support. Both people were seen to be calmer and responded well to the member of staff's actions.
- Independence was respected and encouraged. People were observed mobilising independently around the building using their mobility aids. People who required adapted crockery and cutlery were provided with suitable equipment to enable them to remain independent when eating and drinking. People were able to choose how they spent their time.
- People's religious and cultural needs were established when they first moved into the home and people were able to continue to practise their faith if they so wished. People had access to regular church services if they wished to participate. A relative told us, "Over the last few weeks they've started having the local parish church come in once a fortnight and we are pleased because we've always been churchgoers and it was

important to us."

- People were supported to have contact with their family and friends who told us they were made to feel welcome.
- Confidentiality was respected. Handover meetings, where staff discussed people's care needs, were conducted in offices so that people's privacy was maintained. Information held about people was securely stored in locked cabinets and offices.

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

- People told us they were involved in day-to-day decisions that affected their care and our observations confirmed this. People were asked what drinks they would like or what they would like to wear. People were observed wearing clothes of their choice that reflected their individuality and preferences.
- People were asked about their needs and preferences when they first moved into the home. These were respected and considered when planning people's care.
- People could choose to take part in residents' meetings where they could raise issues and make suggestions.

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as Requires Improvement. This was because some people spent large amounts of time with little to occupy their time. There was a lack of stimulation and interaction between people and staff, who were task focused and sometimes missed opportunities to interact with people. Information had not always been adapted to meet some people's needs when they were living with dementia.

At this inspection, some improvements had been made and work was on-going to ensure this continued to improve and the positive changes already made were embedded in practice. This key question has remained the same and has been rated as Requires Improvement. This meant that some people's needs were not always met.

Meeting people's communication needs

At our last inspection, we recommended that the provider sought guidance on providing accessible information for people. The registered manager had worked alongside external social care professionals and had started to make improvements and planned to improve this even further.

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.

- The provider had an AIS policy which they had recently updated. It was not always evident that this had been implemented in practice. Some people were living with dementia. Information had not been adapted to meet the needs of some people living with dementia. Complaints procedures as well as an annual survey that was sent to people, had not been adapted to provide a more user-friendly way of enabling people to share their views. The provider was in the process of looking at ways to improve these.

We recommend that the provider continues to seek advice from a reputable source to ensure they are complying with AIS and that information is consistently provided to people in a way that meets their needs.

- People were asked to choose their meals for the following day. Some people were able to make this choice and staff respected their right to change their mind on the day if they preferred an alternative option. This approach did not accommodate some people who were living with dementia who might find it hard to remember what they had chosen the previous day. The Social Care Institute for Excellence states, 'As dementia progresses a person might have difficulty choosing and deciding on the food they want to eat. Calling out a list of options can be confusing and difficult for the person as they may not recognise what the food is from hearing the words alone'. Although people were still required to choose their meals for the following day, information had been adapted and the registered manager had provided photographs of different menu options to help people understand the choices available.

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

- People continued to not always have access to sources of stimulation and interaction to occupy their time. Staff told us they wanted to improve people's access to stimulation and wanted to spend more time having conversations with people but were restricted by the demands of the role and the impact that the decrease in staffing had on their ability to do this. Observations showed most people spent large amounts of time unoccupied. People told us that although staff were kind and caring, they were busy and did not always have the time to interact or spend time with them other than when supporting them with other tasks. One person told us, "It's a shame because I don't find the activities they do very interesting, so I don't join in." A relative told us, "I think my relative lacks stimulation, there is not enough activities." Another relative told us, "Physically I think they meet my relative's needs, but I don't think there is enough stimulation. I come in frequently, the staff are wonderful, they smile and offer me tea but sometimes I come in and people are just sitting with nothing to do and no one is talking to them or even looking at a book with them. They don't have enough staff to do that or they are too busy."

We found the registered manager had made some improvements to people's access to stimulation and meaningful occupation and these needed to be fully embedded and sustained in practice to ensure all people's experiences continued to improve.

- Work was on-going to help improve person-centred care. Two activity coordinators had been involved in sharing ideas with other coordinators throughout the provider's other services who were working with external social care professionals to increase staff's knowledge and improve people's experiences. There was an increased focus on moving away from traditional, planned group activities, to more person-centred and meaningful interactions. Staff told us that if people wanted to partake in group activities that these were still offered, however, they had tried to provide smaller, more personalised stimulation for people. This had created a culture change within the team who had a more 'whole team' approach to meeting people's social needs. Observations saw people being asked by the domestic team if they would like to assist in cleaning their rooms or areas of the home. One person enjoyed lightly dusting their room, whilst another was seen laughing and smiling when vacuuming one of the communal hallways.
- People enjoyed interacting with students from a nearby college who were observed supporting some people to have their nails painted.
- People's care plans contained a brief overview of their lives before moving into the home. Staff had considered people's interests, hobbies and previous employment. One person who was living with dementia, sometimes displayed signs of anxiety. Staff had recognised that the person used to work nights and they sometimes became anxious thinking that they needed to work and earn money. Staff had produced a work rota, money and cheques so that when the person displayed signs of anxiety staff could offer these to the person to help calm them. Staff told us this had worked well, and the person had responded positively.
- The provider was in the process of implementing a new care planning system as they, and other external health and social care professionals, had identified that person-centred information was not always available to staff in an accessible format to enable them to provide person-centred care. This was of relevance due to the use of agency staff and new staff who did not yet know people's needs. Revised care plans were more specific to people's needs and contained information and guidance for staff to better equip them, so they could provide person-centred care.
- A new process had been introduced whereby staff from each department would visit each person, each month to ask them about their care or any concerns they had. For example, on each day of the month a different person's care was reviewed. They would be asked by each department if there were any concerns

or if they would like any changes to the care they received. This helped create a team-approach to people's care and people had an opportunity to directly discuss issues with staff who had the ability to make changes.

- People's care needs were reviewed in a timely way. When there had been changes to people's needs, staff had reassessed and provided updated guidance so that people's care was appropriate and met their current needs. For example, one person had experienced a fall. In response, staff had reassessed the risks and provided updated guidance for staff so that they were aware of the need to monitor the person more closely.

Improving care quality in response to complaints or concerns

- The registered manager welcomed feedback to enable them to further improve the service and viewed this as an opportunity to learn. When concerns had been raised, these had been dealt with appropriately and in accordance with the provider's policy.

- People and relatives told us they felt comfortable raising issues of concern to the management team and that these were listened to and acted upon to make improvements.

End of life care and support

- People were able to plan for their end of life care. Staff were provided with guidance about how the person wanted to be cared for at the end of their lives. This included where they wanted to be, who they wanted with them and what music they wanted to listen to. Observations showed that one person who was received end of life care was supported according to their previously expressed wishes. When people had not wanted to discuss their end of life care, staff had respected their decisions.

- Staff had worked with external healthcare professionals to ensure people had appropriate medicines so that when these were required, their comfort was maintained.

- Compliment cards and letters had been received from relatives which thanked staff for their caring approach and attitude when caring for their loved one when they were at the end of their life.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At the last inspection this key question was rated as Requires Improvement. This was because there were continued concerns about the provider's ability to maintain standards and to continually improve the quality of care. The provider had not always assessed, monitored or improved the quality and safety of the service provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice and the provider was required to become compliant by 31 October 2019.

At this inspection, improvements had been made and people's experiences and the care they received, had improved. We continue to have concerns about the provider's decisions, which had sometimes had a negative impact on people's experiences. The outcomes of their decisions had affected their ability to make significant improvements and we have concerns about their ability to continually improve. They remain in breach of the Regulation. The service has now been in breach of Regulation 17 at the last six consecutive inspections. The home has been rated as Inadequate or Requires Improvement at the last six consecutive inspections. This key question remains the same and has been rated as Requires Improvement. This meant the provider's management and leadership was inconsistent. Senior leaders and the culture they created did not always assure the delivery of high-quality care.

- The registered manager's and staff's motivation to provide person-centred care that demonstrated the provider's values of wellness, happiness and kindness, was evident. People, relatives and staff told us that staffing levels had affected staff's ability to fully implement these in practice. A decision that the provider had made to reduce staffing levels during the day due to decreased occupancy, meant that staffing levels did not always meet people's assessed level of need. They had not always effectively considered people's assessed needs and the impact a reduction in staffing might have on the level and quality of care people received. One member of staff told us, "They've [the provider] lost sight of the reason why we are here. They don't seem to have thought through these changes. I don't understand the reasoning behind why we can't have the staff, well I do, it is financial. We don't have enough time as it is we are so weighed down by paperwork."
- Due to improvements that had been made at one of their other services, the provider had implemented new systems and procedures in addition to the ones currently being used. The decision to introduce these processes at a time when staffing levels had been reduced, raised concerns about the provider's consideration of the impact this might have on staff's abilities to effectively meet people's needs. Staff consistently fed back that they felt overwhelmed and unable to fulfil their roles because of the reduced staffing levels and documentation they were required to complete, before new systems were being

introduced. They told us they felt they were making good progress to improve the service people received and felt that the recent changes in staffing, and increased demand on them to complete additional documentation, had affected their ability to do this and left them feeling demoralised and there was low staff morale. When speaking about the provider, a member of staff told us, "I don't feel supported, we feel we're floundering and flailing and there is low-morale."

- Staff told us that when they had fed back their concerns about the staffing levels and paperwork they had not felt listened to. One member of staff told us, "They [provider] don't listen to us and we've got people making these decisions that don't understand the impact that it has on people's care." Another member of staff told us, "There is quite a lot of impact. There is a lot of paperwork that takes time away from the residents. Paperwork is important but being able to sit and talk with the residents is more important."
- Despite a recommendation being made at the last inspection with regards to people being provided with accessible information to meet their needs, the provider had not made enough improvement to ensure that they fully complied with the Accessible Information Standard (AIS).

The provider had not always assessed, monitored or improved the quality and safety of the service provided. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most records that documented people's care had improved and were well-maintained. Some records, however, did not provide clear information to confirm staff's actions. For example, records for one person showed that they had experienced discomfort and following a fall a GP had recommended obtaining a urine sample to rule out possible infection. Staff had failed to document their actions to confirm if this had been completed and this had not been recognised. When this was raised with the registered manager they sought assurances from a member of staff who confirmed they had obtained a sample that was negative, but they had failed to document this in the person's records.
- There has been an increased focus on the provider's services within the Sussex area, by the provider, the local authority, the clinical commissioning group and CQC, due to ongoing concerns about their failure to address and improve reoccurring themes. Since the last inspection, the provider and registered manager had acted to help improve the service people received. They had worked with external health and social care professionals and had employed dedicated quality improvement managers to help drive improvement. These professionals had worked with the registered manager and provider to help make changes to improve the quality of care people received. The registered manager had ensured that learning from previous inspections as well as inspections of the provider's other services, was implemented in practice. Reoccurring themes which have included, understanding and oversight of MCA and DoLS, competency checks for agency staff and modified diets, had improved.
- The management team consisted of a registered manager and two deputy managers. People and their relatives were complimentary about how the home was managed. A relative told us, "It's a good home, the management team have done a lot. I am very pleased with it." Another relative told us, "It's a very good home and the management do a very good job. One of them has progressed through the ranks from being a carer, team leader and right through, they run things very well." When asked about the leadership and management of the home and what the best thing about the home was, one person told us, "I think it is very well run. The best thing about the home is the staff, they make it nice for us. One of the managers is lovely, they always stop and speak to me."
- The registered manager and her team had worked hard to make improvements. There was an increased focus and oversight of people's care and they had implemented good systems to assure themselves that people were receiving care that met their assessed needs. For example, for people who had been assessed as being at increased risk of dehydration, the registered manager had encouraged more focus on providing people with different options so that the range of drinks was more enticing and they were encouraged to

drink. Hydration trolleys provided people with a range of drinks and 'Mocktails' to encourage them to keep hydrated. There was better oversight when people were at risk of unplanned and unexplained weight loss. The registered manager's actions had improved people's care and had reduced known risks. For example, the number of falls had reduced, due in part, to the increased focus on people's overall health by ensuring they were administered their medicines appropriately and their nutrition and hydration were maintained.

- Staff were complimentary about the registered manager and one member of staff told us, "She is fair and approachable. You can talk to her about anything. I don't think there is anything she has done wrong." Another member of staff told us, "It feels a lot homelier and friendlier. This is all down to the registered manager. It didn't feel relaxing in your work before, I was on tenterhooks." A third member of staff told us, "She is lovely, she comes around the units and talks to the residents. She is always happy. If you ever have a problem, you can always talk to the management." Staff told us that they felt supported by the registered manager who was approachable and visible throughout the service. They took part in a daily walk-around of the home and in flash-meetings to ensure they supported staff to understand their roles and responsibilities. Results of a recent staff survey showed that 70% of staff had responded and 90% of those staff felt that they felt supported by their line manager.
- The registered manager had liaised with external social care professionals to help drive improvement in staff's understanding of supporting people living with dementia. They had plans to create a room in the home to provide a sensory experience for staff to enable them to have a better understanding of what it is like to live with dementia.
- The registered manager and her team had started a dementia café which provided support and an opportunity for relatives to meet and share their experiences of what it was like when a loved one was living with dementia. There were plans to encourage community links and advertisements for the café were heard on local radio to extend the support to people within the community who might have shared experiences.
- The registered manager was aware of their regulatory responsibilities and had notified us of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken.

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

- The provider and registered manager had embraced all the support that had been provided by external health and social care professionals. They had taken on board feedback to improve the delivery of care and were working in partnership with professionals to ensure people's experiences, as well as the care that was delivered, improved.

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 provider demonstrated a candid, open and transparent approach. The registered manager had informed CQC and other external health and social care professionals, when care had not gone according to plan.
- People and their relatives told us that the management team and staff were open and honest with them. Records also showed that they were kept informed of any changes in people's needs or if care had not gone according to plan.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The registered person had not ensured that systems and processes were established and operated effectively to:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.</p> <p>The registered person had not ensured that there were:</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced people deployed.</p>